

City of



Salisbury

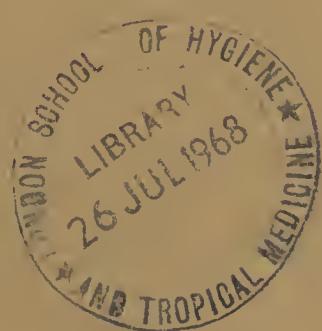
REPORT

by the

MEDICAL OFFICER OF HEALTH

for the year

1957 - 1958



REPORT OF THE
MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDING 30TH JUNE, 1958.

GEOPHYSICAL, CLIMATIC, SOCIAL AND ECONOMIC CONDITIONS
IN THE CITY OF SALISBURY.

Salisbury, the Capital City of Southern Rhodesia and of the Federation of Rhodesia and Nyasaland, is situated in what is now the Northern Province of Southern Rhodesia at an altitude of 4,780 ft.

It lies on the watershed or highveld so that the rivers are small and there is little of the dense riverine vegetation associated with lower altitudes.

The soil is mixed, red, black and light sandy with rocky outcrops and "kopjes" in Salisbury and its surrounding district. In the City area the soil is mainly of the red variety.

Most of the vegetation can be classified as open Brackystegia (Msasa-Mnondo) woodland, interspersed with the semi-aquatic flora characteristic of treeless, grassy, wet hollows, known as "vleis".

Excluding African townships and European residential areas beyond a five mile radius, the area of the Municipality comprises some 24,111 acres and Greater Salisbury some 50,460 acres.

In the last decade the City proper has expanded at a tremendous pace, mainly in an upward direction, i.e. as City sites come on the market the older type of colonial business, store or house gives way to the modern ten, fourteen, or more, storey block of reinforced concrete and steel.

The peri-urban area has expanded outwards rather than upwards - mainly in the shape of inner suburbs or outer townships. The latter comprise European townships except in a few places where there are established African townships or where such townships are planned by the City fathers and the Government.

Salisbury enjoys a particularly pleasant climate and for this its altitude is largely responsible.

The year may be conveniently divided into three seasons, viz.

the hot season - September to mid-November;

the wet season - mid-November to March;

and the cool season - April to August.

Really hot days occur only infrequently and pleasantly cool nights are the rule even then.

The average range of temperature remains moderate owing to the almost unbroken sunshine in winter. The extreme cold experienced at similar heights, or even lower, in South Africa is unknown here and severe ground frosts are found in limited areas only.

The rains are generally reliable, usually of the shower or thunder storm type and even in the wettest months the sunshine averages more than 5 hours per day.

Light breezes predominate and the average wind speed is less than 10 m.p.h.

The history of Salisbury goes back for some 67 years, since the occupation of Mashonaland by the Pioneer Column in September, 1890, although in regard to the territory itself there are historical records of events going back long before Cecil Rhodes negotiated the Rudd Concession with Lobengula, King of the Matabele.

Today the visitor would be impressed with the ultra modern aspects of the City. Long tree-lined and spacious avenues lead out in all directions from the business centre with its sky-scraper type of buildings. Thanks to the foresight of the early planners these avenues are lined with the beautiful floral type of trees such as the flamboyant, the jacarandas, the bauhinias, etc. The spacious public gardens, the pleasant type of villa in the residential areas with colourful gardens - all combine to present one of the most beautiful cities in Southern Africa.

There are situated in the Municipal Area the buildings of two Houses of Parliament, that of the Federation of Rhodesia and Nyasaland and that of Southern Rhodesia. It is proposed to move the site of the Federal Capital to a situation some few miles West of the Municipal Area, at the Warren Hills, but no definite time has been set for this move.

First class schools for all races have been provided in the Municipal Area and in Government schools free tuition is available.

A University has now been established in Salisbury which is multiracial in character, and it is anticipated that a Medical School will be functioning in the foreseeable future.

There are many clubs, sports and social, swimming pools, theatres, social, racial and cultural associations, all very active and flourishing in the City and, since the dam creating the Lake McIlwaine water supply for the City was completed, there is now at 22 miles out a natural pleasure resort where picnics, yachting, etc., attract many residents in their leisure hours.

The rapid growth of the City and its peri-urban housing areas, also the tremendous expansion of both heavy and light industries, has put a severe strain on the Municipal services, but by likewise expanding these services the Municipality has so far managed to cope with this unprecedented demand.

Salisbury is the centre of Southern Rhodesia's main industry, i.e. agriculture.

The three principal products are tobacco, cattle and maize.

Considering the large mineral deposits in this part of the world and the steady growth of new industries, there are prospects of economic expansion in other directions, more especially as rail and road services grow and improve.

Excellent medical and hospital facilities are available in the City.

/PROFESSIONAL

PROFESSIONAL AND ADMINISTRATIVE STAFF

as at 30th June, 1958.

Medical Officer of Health	Dr. A.J. Walker Wilkins, M.B., Ch.B., D.P.H., D.T.M & H.
Assistant Medical Officer of Health	Dr. A.J. Board M.B., Ch.B., C.T.M., D.P.H.
Senior Clinical Medical Officers	Dr. J. Melvin, C.B.E., M.C., T.D. M.B., Ch.B. .
	Dr. J.R.Y. Quantrill M.B., Ch.B., D.P.H.
Clinical Medical Officer	Dr. M. Melvin M.B., Ch.B.
Senior Dental Officer	Col. S.D. Badman L.D.S., R.C.S. (ENG.)

Health Inspectorate.

Chief Health Inspector	Mr. C.E. Hodder Certificates R.S.H. Health, Food Inspection and Sanitary Science.
Senior Health Inspector	Mr. F.D. Hardy Certificates R.S.H. Health, Food Inspection and Sanitary Science.
Health Inspector (Licensing)	Mr. J.W. Thomas Certificates R.S.H. Health and Food Inspection and Tropical Hygiene.
Health Inspectors	Mr. L.W. Bates Certificates R.S.H. Health and Food Inspection.
	Mr. L.W. Parsloe Certificates R.S.H. Health and Food Inspection. Sanitary Science and Smoke Inspector.
	Mr. T.J.A. Harries Certificates R.S.H. Health and Food Inspection and Tropical Hygiene.
	Mr. A.J. Haynes Certificates R.S.H. Health and Food Inspection.
	Mr. J.A. Mackenzie- Smith Certificates R.S.H. Health and Food Inspection.
	Mr. A.T. Pirie Certificates R.S.H. Health and Food Inspection.
	Mr. T.R. Puzey Certificates R.S.H. Health and Food Inspection.

Health Inspectors Cont'd. Mr. E. Schofield Certificates R.S.H.
Health and Food
Inspection.

Mr. E.W. Layland Certificates R.S.H.
Health and Food
Inspection.

Mr. W.A. Tunbridge Certificates R.S.H.
Health and Food,
Sanitary Science,
Advanced Knowledge.

Clerical.

Chief Clerk	Mr. C.T. Martin
Clerk Grade 1	Mr. C.J. Tomlinson
Clerk Grade 2	Miss I.H. Rees
Clerk Grade 3	Mrs. M.C. Harries
Clerk Grade 3	Mrs. S.M. Matthews
Typist	Mrs. L.A. Brown
Senior Shorthand Typist	Mrs. B.P.G. Skea
Telephone Operator	Mrs. A.A. Philip

COLOURED CRECHE.

Superintendent Matron	Mrs. M.J. Tomlinson	N.N.C.
Matron	Mrs. M. Byerley	
Coloured Maid Assistants	Five	

WILKINS INFECTIOUS DISEASES HOSPITAL.

Matron	Miss J.G. Steven	S.R.N., S.R.F.N., C.M.B.
Senior Sister	Miss S.J. McCavish	S.R.N., S.R.F.N.
Nursing Sisters	Miss J. Angus	S.R.N.
	Mrs. S.A. Marshall	S.R.N.
	Mrs. H.G. Thomson	S.R.N., C.M.B.
	Miss C.M. Moloney	S.R.N., R.T.N.
	Miss D. Hawkes	S.R.N., S.R.F.N.
	Miss E.B. Steeds	S.R.N.
	Mrs. A. Raubenheimer	S.R.N., C.M.B.
	Mrs. F.D. Duncalf	S.R.N.
	Mrs. R. Scouler	S.R.F.N.
	Mrs. M.S.M. McMullen	S.R.F.N.
	Miss D.A. Trenor	S.R.N.
Housekeepers	Miss A.M. Crathorne	
	Miss E.P. Sullivan	
Caretaker	Mr. A.L. Green	

CHILD WELFARE.

Health Visitors	Mrs. M.P. Beveridge	S.R.N., C.M.B., H.V.
	Miss C. Keenan, M.B.E.	S.R.N., C.M.B., H.V.
	Miss H.A. Birnie	S.R.N., S.C.M., H.V.
	Mrs. W.J. Marshall	S.R.N., C.M.B., H.V.
	Miss M. Moore	S.R.N., C.M.B., H.V.
		(School Nursing & Mothercraft)

DISTRICT NURSES.

District Sisters	Mrs. R.L. Clarke	S.R.N., S.C.M.
	Mrs. F. McCormack	S.R.N., S.C.M., S.R.S.C.N.
	Mrs. M.R. Nelson	S.R.N., S.C.M., H.V. (R.S.I.)

NATIVE INFECTIOUS DISEASES HOSPITAL.

Senior Clinical Assistant	Mr. S. Kennedy	S.R.N.
Clinical Assistants	Mr. R. Jones	S.R.N.
	Mr. E. Smith	S.R.N.
Clerk Grade 1	Mr. A.E. Snowden	
African Trained Medical Orderlies - Male and Female	Thirty-eight	

AFRICAN CLINICS.

Clinical Assistants	Mr. B.J. Foster	S.R.N., B.T.A.
	Mr. C.S. Jeffery	S.R.N.
	Mr. G. Anderson	S.R.N., B.T.A.
Nursing Sisters	Miss A.R. Holmes	S.R.N., R.S.C.N.
	Mrs. J.T. Watkinson	S.R.N., C.M.B., S.R.F.N.
African Trained Female Nurses	Sixteen	
African Male Medical Orderlies	Seven	

VITAL STATISTICS.

(Throughout this report the previous year's figures are shown in parenthesis.)

1. POPULATION:

On the 8th May, 1956, a census of the European, Asiatic and Coloured population was carried out in the Federation.

The figures for the area under the jurisdiction of the City Council in the years from 1936 in which a census was carried out are as follows:-

	<u>1936</u>	<u>1941</u>	<u>1946</u>	<u>1951</u>	<u>1956</u>
Europeans	9,422	14,630	15,531	27,700	34,400
Asiatics and Coloureds	1,231	1,544	1,686	2,620	3,080
Africans <u>in employment</u>	17,598	26,609	36,873	60,000	75,400

The principal vital statistics for the Municipal year 1957/58 are as follows:-

	<u>Europeans</u>	<u>Asiatics and Coloureds</u>	<u>Africans</u>	<u>Total</u>
Population (Estimated)	43,000 (39,000)	3,400 (3,200)	122,400 (93,600)	168,800 (135,800)
Percentage of Total Population	25.47% (28.71%)	2.01% (2.37%)	72.99% (68.92%)	
Crude Birth Rates	24.32 (22.10)	55.33 (54.68)	-	-
Infant Mortality	33.55 (19.72)	42.16 (5.71)	-	-
Death Rates	6.06 (5.1)	5.88 (3.4)		

The following figures of the European population in Town Management Boards Areas illustrate the growth of the peri-urban areas of Salisbury or Greater Salisbury which do not fall within the jurisdiction of the City Council insofar as health administration and services are concerned.

/Acreage

	<u>Acreage.</u>	<u>Population (Estimated)</u>	
Greendale	5,440	5,000	(5,000)
Hatfield	5,896	4,200	(4,500)
Highlands	3,840	5,000	(4,060)
Mabelreign	2,399	6,000	(6,000)
Meyrick Park	267	485	(400)
Mount Pleasant	1,467	1,850	(1,000)
Waterfalls	<u>7,040</u>	<u>5,556</u>	<u>(3,750)</u>
TOTALS:	26,349	28,091	(24,410)

It is believed that it would be in the interests of these areas and the City itself if, at an early date, an investigation were to be carried out to devise some satisfactory system of co-ordination of the health services in all these areas.

The longer the Federal and Territorial Governments delay such an enquiry being held, the more difficult it will be to find a satisfactory solution.

2. BIRTH AND FIRTH RATES.

During the year 1957/58 the following births were registered:-

Europeans	1,046	(862)
Asiatics and Coloureds	166	(175)

There were 181 more European births this year than last year. Asiatic and Coloured births were 9 less than in the preceding year.

Of the European births 536 were males and 510 females. Four sets of twins were registered.

Of the 166 Asiatic and Coloured births, 82 were males and 84 females.

The crude birth rates, per 1,000 of population, for the year under review are as follows:-

Europeans	24.32	(22.10)
Asiatics and Coloureds	55.33	(54.68)
Europeans, Asiatics and Coloureds combined	26.30	(24.00)

African births are not registered, and it is therefore impossible to provide figures of births, birth rates and infant mortality rates for this section of the population.

3. INFANT MORTALITY.

	<u>Europeans</u>	<u>Asiatics and Coloureds</u>
Number of deaths under one year of age	34 (17)	7 (1)
Infant Mortality rate (per 1,000 births)	33.55(19.72)	42.16 (5.7)

European infant deaths have doubled during the year as have the neonatal deaths (28). The majority of the deaths (54%) are due to Prematurity and of the total of 34 deaths 30 occurred in hospital. This problem is therefore beyond the scope of the Department's Child Welfare Section.

4. DEATH STATISTICS.

European.

The number of deaths registered was 261, the death rate per 1,000 of the population being 6.06 as compared with 5.1 in the previous year.

Asiatics and Coloureds.

The number of deaths registered was 20 (Asiatics 10, Coloureds 10) the death rate per 1,000 of the population being 5.88 as compared with 3.4 in the previous year.

Africans.

Owing to the difficulty in ascertaining the normal place of residence of Africans living in Salisbury, figures for this race have not been given.

European Male Adult	132
European Female Adult	89
European Male Children	21
European Female Children	19
Asiatic Male Adult	6
Asiatic Female Adult	1
Asiatic Male Children	2
Asiatic Female Children	1
Coloured Male Adult	1
Coloured Female Adult	2
Coloured Male Children	4
Coloured Female Children	3

CAUSES OF DEATH MAIN GROUPS %

1. Circulatory System	31.6%
2. Cancer	19.0%

3. Diseases of Nervous System	12.2%
4. Violence	10.4%
5. Diseases of Digestive System	8.1%
6. Diseases of Respiratory System	5.1%
7. Senility	3.6%
8. Diseases of Genito Urinary System	2.7%
9. Infectious and Parasitic Diseases	1.8%
10. Unclassified	5.5%

INFECTIOUS DISEASES.

The total number of cases of notifiable infectious diseases reported during the year totalled 319 as compared with 387 in the previous health year 1956/57.

A schedule of the notified diseases is given at the end of this section of the report.

(1) Small Pox.

No cases were reported from within the Municipal Area, although the disease was widespread throughout the Federation.

(2) Enteric Fever (Typhoid Fever).

During the year 5 cases were notified, as compared with 7 cases in the previous year. These were sporadic in nature.

The following table indicates the incidence of Enteric Fever in Salisbury since the year 1954/55.

	<u>Europeans.</u>	<u>Coloureds.</u>	<u>Asiatics.</u>	<u>Africans.</u>	<u>Total.</u>
1954/55	12	1	-	4	17
1955/56	1	-	-	3	4
1956/57	3	-	1	3	7
1957/58	2	-	-	3	5

Bearing in mind the fact that the incidence of Typhoid Fever is a reasonable guide to the standard of environmental hygiene and general public health control in any area, the year's figures are still satisfactory and are a creditable reflection on the work of the Health Inspectorate of the Department.

This, however, should not give rise to a feeling of complacency, as at any time in the future our defences may be breached. Continued vigilance in the protection of water and milk

supplies, fly breeding, etc., is necessary to avoid an epidemic or an increase in the number of sporadic cases. Everything possible must be done to improve personal hygiene, particularly of those handling and preparing foodstuffs.

(3) Cerebro-spinal Meningitis.

The total number of cases notified (5) showed a very appreciable fall from those of the previous year (24) and 56 in 1955/56.

The following table indicates the incidence since 1954.

	<u>Europeans.</u>	<u>Coloureds.</u>	<u>Asiatics.</u>	<u>Africans.</u>	<u>Total.</u>
1954/55	4	-	1	105	110
1955/56	3	1	-	53	57
1956/57	7	-	-	17	24
1957/58	-	-	-	5	5

The last outbreak of this disease occurred in 1954/55. In Salisbury conditions of housing, etc., particularly in the African population, are such that at some future date an explosive outbreak of this disease can be expected.

Fortunately modern methods of therapy are such that, if patients are brought under treatment at an early stage, the mortality rate can be considerably reduced.

(4) Pulmonary Tuberculosis.

During the year 119 cases of Pulmonary Tuberculosis were notified as compared with 92 in the previous year. Of this number, 4 were Europeans, 5 Asiatics and Coloureds and 110 Africans.

This disease has become the most important notifiable infectious disease to be dealt with in this City and it is gratifying to record that in recent years there has been a general public awakening to its seriousness, especially amongst the African population in Southern Rhodesia.

The City Council is playing an active part in the provision of hospital beds for the reception of cases, the search for cases, the testing of persons for susceptibility to the disease and the raising of the degree of immunity of the African population using B.C.G. vaccine.

Up to 20 beds in the Wilkins Infectious Diseases Hospital for European cases and 140 beds at the Native Infectious Diseases Hospital are available for the reception and treatment of cases.

The Princess Margaret Hospital which is operated by the Federal Government provides accommodation for Asiatic and Coloured cases. During the ensuing year additional beds for African cases will become available at the Native Infectious Diseases Hospital.

Mantoux testing and B.C.G. vaccinations were carried out as under:-

	<u>Mantoux</u> <u>Tests.</u>	<u>Mantoux</u> <u>Negative</u>	<u>Mantoux</u> <u>Positive</u>	<u>B.C.G.</u> <u>Vaccination.</u>
African Males	118,781	12,621	103,463	12,615
African Females	2,529	826	1,196	809
African Children	<u>700</u>	<u>390</u>	<u>61</u>	<u>551</u>
	122,070	13,837	104,720	13,975
	<u> </u>	<u> </u>	<u> </u>	<u> </u>

At the Salisbury Chest Clinic the chest X-Ray examination of a selected group of approximately 5,000 African males is at present being undertaken to establish what may be accepted as the minimum incidence rate in African males in the City. When the result of this investigation is available, consideration will be given to the provision of routine radiological examination of Africans entering Salisbury for employment, or who are in employment, and of women and children who reside in the City. Preliminary results of the survey indicate that the provision of Mass Miniature Radiography Units will be necessary if the spread of this disease is to be halted.

In November, 1957, the out-patient treatment of selected African cases who required treatment but who did not require admission to hospital or who had been treated in hospital previously was commenced at one of the Harari Township clinics. From November up to the end of June, 1958, 143 patients were treated at this clinic.

The Salisbury Branch of the Rhodesia Association for the Prevention of Tuberculosis has kindly supplied a quantity of dried skimmed milk for distribution to these patients.

(5) Asian Influenza.

Outbreaks occurred in August and September and May and June. The former outbreak involved the largest numbers but was relatively mild and complications were rare. In the later outbreak fewer cases were recorded but respiratory symptoms were more severe.

/The following

The following figures give an indication of the number of cases treated at Harari:-

<u>Average Out-Patient Attendances.</u>		<u>Out-Patient Attendances During August, 1957.</u>
		(During Asian Influenza Epidemic.)
Location	Male Dispensary	
Mbari		
	1,470	4,165
	566	1,212
	<u>425</u>	<u>966</u>
Total:	2,461	6,343

(6) Diphtheria.

24 Cases of Diphtheria, 1 European and 23 Africans, were notified as compared with 4 European and 33 African cases in the previous year.

As stated in previous reports, the incidence of Diphtheria is probably higher than the figures given above due to unreported and untreated cases.

As Diphtheria is a disease which can be prevented, this incidence is not entirely satisfactory. It is difficult to obtain the necessary co-operation from some African mothers, either for primary immunisation or the giving of a "booster" dose. The difficulties which this Department encounters in obtaining a satisfactory level of immunisation in the African population is increased tremendously as a result of the migratory habits of many of these people.

(7) Leprosy.

52 Cases of Leprosy were investigated and diagnosed during the year as compared with 25 cases in the previous year.

The cases were referred for admission to the Government Leper Institutions.

Only 8 of the 52 cases were accepted as Salisbury cases as, at the time of diagnosis, they actually were in employment in the City.

Most of these cases were diagnosed at the medical examination centre for Africans. The Africans concerned intended to take up work in Salisbury or in the peri-urban areas. In many cases the disease was contracted outside of Southern Rhodesia.

/ (8)

(8) Acute Poliomyelitis.

The total number of cases of Acute Poliomyelitis notified during the year was 16 as compared with 51 in the previous year.

The Federal Government continued to import Poliomyelitis Vaccine (Salk type) from overseas and supplies were made available to Local Authorities at 50% of the imported cost for the following groups:-

Europeans, Asiatics and Coloureds up to 17 years of age.

Africans up to 7 years of age.

Pregnant women.

Special groups at risk, i.e. doctors, nurses, ambulance drivers, etc., and their families.

In early 1958 the City Council introduced a scheme for the immunisation of the age groups 17 - 39 years inclusive, at approximately cost price of the vaccine, namely 5/- per injection, and for this purpose 5,000 doses of the vaccine were imported. Only 2,204 doses were required for the giving of two injections to the 1,102 persons who took advantage of the scheme, the remainder of the vaccine being disposed of to other Local Authorities, medical practitioners, etc. As a result of the poor public response and the fact that vaccine was now available to all medical practitioners through normal trade channels, the importation by the Council of further supplies of vaccine was not proceeded with and the scheme was discontinued.

The subsidized scheme referred to above has been continued and the following is a summary of the injections given:-

	<u>1st Injection</u>	<u>2nd Injection</u>	<u>3rd Injection</u>
Europeans, Asiatics and Coloureds	459	413	338
Pregnant Women	49	61	20
Africans	37	34	

Although no figures are available, it is believed that a considerable number of the European child population of the City have received or will receive the full three doses of vaccine necessary to obtain the maximum possible degree of immunity obtained with this type of vaccine.

The table below gives an average number of cases in five year periods from 1934 to 1954 and the cases in each year in

1954/55, 1955/56, 1956/57 and 1957/58.

	<u>Europeans</u>	<u>Coloureds</u>	<u>Asiatics</u>	<u>Africans</u>	<u>Total</u>
1934/39					1
1939/44					1
1944/49					5
1949/54					16
1954/55	32	3	1	5	41
1955/56	8	-	-	2	10
1956/57	26	-	3	22	51
1957/58	7	-	-	9	16

The year under review saw the termination of the epidemic which had started in 1956/57.

(9) Cases of Measles, Chicken Pox, Scarlet Fever and Whooping Cough occurred sporadically but did not assume epidemic proportions.

/NOTIFICATIONS

DISEASE	EUROPEANS	ASIATICS	COLOURED	AFRICANS	TOTAL
Cerebro-Spinal Meningitis	- (7)	-	-	5 (17)	5 (24)
Chicken Pox	28 (57)	2 (-)	1 (2)	93 (68)	124 (127)
Diphtheria	1 (3)	-	-	23 (33)	24 (36)
Encephalitis	-	-	-	- (1)	- (1)
Typhoid (including Paratyphoid)	2 (3)	- (1)	-	3 (3)	5 (7)
Leprosy	-	-	-	8 (25)	8 (25)
Poliomyelitis	7 (26)	- (3)	-	9 (22)	16 (51)
Scarlet Fever	17 (20)	-	-	-	17 (20)
Small Pox	- (-)	-	-	- (3)	- (3)
Tuberculosis Pulmonary	4 (4)	1 (1)	3 (3)	85 (76)	93 (84)
Tuberculosis Military	-	-	1 (-)	25 (8)	26 (8)
Tuberculosis Primary Focus	-	-	-	- (1)	- (1)
Tuberculosis Meningitis	-	-	-	-	-
	59 (120)	3 (5)	5 (5)	251 (257)	318 (387)

WILKINS INFECTIOUS DISEASES HOSPITAL.

There were two hundred and twenty admissions during the year, i.e. twenty less than in the previous year. This drop would have been much more had it not been for a small outbreak of Dysentery among the nursing personnel of the General Hospital, and for the arrangement with the Ministry of Health to accept cases of infantile diarrhoea for admission. It was also possible to admit cases of the milder infectious diseases where facilities for nursing at home were inadequate.

Happily the incidence of Poliomyelitis among the European has shown a considerable decline this year as compared with the preceding year. Nevertheless, "Polio" and allied conditions still account for the largest number of admissions, viz. "Polio" 24 cases and Encephalitis of Unknown Origin 9 cases.

It is of interest to record that during the 12 months under review two cases of Small Pox were treated - one a girl of 6 years, brought in on the 10th day of illness, responded well to treatment with little or no scarring; she had not been vaccinated. The other case was that of a woman of 37 years of age who had been ill for six days and treated herself for Malaria. Her rash was atypical at first but then became severe and although very ill she made a satisfactory recovery by the fourth week. Unfortunately there was noticeable pock marking of the forehead, nose and eyelids but the eyes and vision were unimpaired. She had been vaccinated unsuccessfully several times.

Gastro-enteritis accounted for 28 admissions and Dysentery (General Hospital Staff) 19. Measles 18, Influenza 17 and Pulmonary Tuberculosis 11, constituted the remainder.

In addition to other voluntary helpers, tributes are due to the members of the Toc H who so kindly made available cinema programmes, and whose individual members devoted many hours to reading to patients, shopping for patients and other services.

The closest co-operation is maintained with the Red Cross "Polio" Centre and the physiotherapists apply their craft and skill within the wards of the hospital.

Schedule of Cases Admitted to the Wilkins
Infectious Diseases Hospital 1957/58.

/ NATIVE

NATIVE INFECTIOUS DISEASES HOSPITAL.

The Native Infectious Diseases Hospital situated on the main Beatrice Road can accommodate 206 in-patients. When the new three-storey block, now in the course of erection is completed the hospital will provide accommodation for 326 in-patients, of which 220 beds will be set aside for Tuberculosis.

Buildings.

In November, 1957, the foundations for the 120 bed Tuberculosis Block were started and by the end of June, 1958, the building had reached the third storey. The contractors expect the building to be completed by December, 1958. The building is modern in design, comprising six twenty-bedded wards in a three-storey building with three wings and served by a large bed lift. There are facilities for laboratory work and kitchens and offices on each floor.

In-Patients.

During the year no major epidemics occurred and while the number of admissions for Pulmonary Tuberculosis remained high, other infectious diseases showed a marked decline in numbers compared with previous years. During the year 2,229 cases were admitted as in-patients, compared with 2,667 during the previous year.

Infectious diseases admissions were 268 fewer than last year. This reduction is principally due to the marked decline in the incidence of Poliomyelitis, Mumps and Cerebro-Spinal Fever during this period. Whooping Cough admissions have remained at a high level and in the young, malnourished African child, this disease constitutes a serious illness.

A decrease in the number of venereal cases treated is also shown and it will be noted that Soft Sore is now the commonest Venereal Disease treated.

The following are the main diseases dealt with during the year:-

(1) Poliomyelitis.

There was a marked fall off of cases reported compared with the previous year when over 100 cases were admitted. This year forty cases were admitted of whom 38 were children below 5 years of age. Most of the cases were sporadic and were admitted with well established paralysis. After the isolation period of 28 days, these cases are transferred to the African Hospital. During the year a physiotherapist from the Red Cross Society visited the patients whilst still in

/hospital

hospital and, in addition to physiotherapy, taught the mothers of the children affected the necessary movements to regain muscle function. This is a valuable start towards the rehabilitation and recovery which up to now has been neglected amongst this section of the community.

The following figures give the Age Groups involved in the disease:-

<u>Age Group.</u>	<u>Cases.</u>
0 - 1 year	11
1 - 5 years	27
5 - 10 years	2
10 +	<u>Nil</u>
TOTAL:	40

Specimens of stool were sent to the S.A.I.M.R. in Johannesburg and from five cases Type I (Brunhilde) virus was isolated in the first six months from July to December, 1958. Virus Type III (Leon) was isolated from one case only.

(2) Pulmonary Tuberculosis.

This still constitutes the major infectious disease problem in the community and the hospital can accommodate 120 cases at present.

With the completion of the new 120 bedded block there will be a welcome addition to the beds available as there is a severe strain on the accommodation at present.

The results obtained in the treatment of this disease continue to be very encouraging and the improvement in the cases is incredible in many instances. Many patients arrive at the hospital in an advanced stage of the disease with large cavities in the lungs and with histories extending back as long as two years or more. The young adult patient responds best to treatment and the treatment of the elderly patient with marked fibrosis is still a slow process. Many of these patients fail to become sputum negative and remain in an infectious state for a long period, thereby blocking beds which could be utilised for early tractable cases. The number of patients admitted was 213 compared with 217 in the previous year. Thirty-nine of these cases were children, seven (18%) of whom were originally admitted as whooping cough and found on subsequent investigation to be suffering from Tuberculosis.

/In

In children it has been found necessary to detain them for a full course of intensive therapy for at least seven months otherwise there is a tendency to relapse. This may be due to:

- (i) the disease being a primary manifestation of Tuberculosis with little immunity;
- (ii) neglect of the parents to give tablets correctly after discharge as out-patients;
- (iii) poor outside environment.

The treatment of in-patients has remained the triple therapy with a ninety gram course of streptomycin injections given in conjunction with I.N.H. and P.A.S. tablets by mouth. Together with this is given a 3,500 calorie diet per day for adults which includes a pint of milk daily. Very toxic cases are given penicillin injections as well on admission to overcome secondary bacterial infection.

During the year fourteen cases developed sensitivity to I.N.H. tablets as manifested by peripheral neuritis. Only two of the cases were women and all responded well to treatment with pyrodoxine. As a result of these findings, the dosage of I.N.H. for cases confined to bed was decreased from 10 mg. per kilo to 5 mg. per kilo. When cases become ambulant the dosage is again stepped up.

Concomitant diseases such as Bilharzia, Malaria and Hookworm are carefully sought for and treated where indicated.

Pneumoperitoneum therapy was used on a few selected cases with very encouraging results.

Most patients respond well to treatment and the average duration of stay in hospital is six to nine months. The follow-up treatment of discharged cases is no longer carried out at the hospital; these cases are now referred to the Matapi Clinic in Harari Township where the patient's X-Rays and records are kept after discharge. The tracing and investigation of patients' contacts is also carried out from Matapi Clinic.

Considering the long duration of their stay in hospital, the Tuberculosis patients are well behaved and contented. Occupational therapy has again been started among the male patients, some of whom are showing more enthusiasm for this type of work. The female patients continue to do attractive crochet and needle work under the supervision of the visiting Occupational Therapist.

Entertainment is provided by means of radio sets which are popular. During the year a sum of £100 was donated by the Rhodesian State Lotteries towards the purchase of additional radio sets. With this money an additional seven sets were purchased which has enabled a set to be placed in every ward. Grateful thanks must be expressed to the Trustees for this generous and helpful gift.

An African teacher of the Native Education Department visits the hospital twice a week to give elementary teaching to the patients.

Measles, Chicken Pox, Small Pox, Cerebro-spinal Meningitis and Whooping Cough were also treated during the year at the Native Infectious Diseases Hospital.

(3) Diphtheria.

There were 43 cases of Diphtheria admitted to the Native Infectious Diseases Hospital during the year, 18 cases less than the previous year (61 cases). Of these twenty-seven cases were admitted from the Municipal Area and sixteen from outside. Many of the cases from outside were in an advanced stage of toxæmia on arrival and five such cases were lost due to myocardial failure.

As stated in previous reports, the incidence of Diphtheria is probably much higher due to unreported and untreated cases and many cases report with late complications. One case presented with severe generalised toxic neuritis and tribute must be paid to the skill of the nursing staff in eventually securing a complete recovery.

The high mortality for the disease as reflected in the figures below is evidence of the advanced stage of the disease when admitted to hospital.

Native Infectious Diseases Hospital.

Total deaths from all causes	56
Deaths from Diphtheria	10 (17.8%)
Total Admissions of cases of Diphtheria	43
Deaths from Diphtheria	10 (23.2%)

The following figures give the Age Groups involved:

<u>Age Group</u>	<u>Cases</u>
0 - 1 year	5
1 - 5 years	17
5 -10 years	8
10 +	<u>13</u>
TOTAL:	<u>43</u>
	/ (4)

(4) Leprosy.

Fifty-two cases of Leprosy were investigated and diagnosed and referred for admission to the Government Leper Institutions.

Out-Patients.

The number of out-patients treated increased to 758. The attached graph shows the increase in attendance figures.

Laboratory Work for the Year.

The following specimens were examined at the hospital laboratory and the Public Health Laboratory:-

Native Infectious Diseases Hospital Examinations.

Blood Slides	841
Stools	106
Uries	1,559
Sputum for A.F.B.	5,344
Smears for Gonococci	1,471
Dark Ground for Spirochaetes	760
Blood for B.S.R.	1,280

Specimens Sent to the Public Health Laboratory During the Year.

Sputum for A.F.B.	677
Throat Swabs for K.L.B.	218
Blood for W.R.	836 (Positive 159 Negative 677)
Blood for Grouping	100
Blood for Widal Test	13
Blood for Weil Felix	10
Blood for Vi Test	15
Blood for Paul Bunnell	13
Cerebro-Spinal Fluid	159
Urine for Culture	11
Stool for Culture	<u>32</u>
TOTAL	<u>2,084</u>

Deaths.

A total of 56 deaths occurred in the hospital during the year and nearly 50% of them resulted from Pulmonary Tuberculosis. This is due to the fact that a large proportion of the patients are already in an advanced stage of the disease on admission. Ten deaths were recorded due to Diphtheria.

ANALYSIS OF DEATHS.

<u>Disease.</u>	<u>No. of Deaths.</u>
Measles: Broncho-Pneumonia	2
Whooping Cough - Broncho-Pneumonia	4
Poliomyelitis - Broncho-Pneumonia	1
Broncho-Pneumonia	1
Pulmonary Tuberculosis	26
Whooping Cough : Myocardial failure	1
Diphtheria	10
Gastro-Enteritis	1
T.B. Meningitis	1
Staphylococcal Pneumonia	1
Uraemia : Pyelonephritis	1
Lobar Pneumonia	1
Virus Encephalitis	1
Thrombocytopenic Purpura	1
Polio Encephalitis	1
Pneumococcal Meningitis	2
Acute Paralytic Poliomyelitis	1
TOTAL:	56

VENereal DISEASES. (IN-PATIENTS.)

	<u>MALE</u>	<u>FEMALE</u>	<u>CHILDREN</u>	<u>TOTAL</u>
Gonorrhoea	38 (16)	1 (8)	- (-)	39 (24)
Syphilis	105 (93)	10 (22)	1 (2)	116 (117)
Gonorrhoea/Syphilis	5 (9)	1 (-)	- (-)	6 (9)
Soft Sore	410 (505)	1 (5)	3 (2)	414 (512)
Gonorrhoea/Soft Sore	17 (45)	- (1)	- (-)	17 (46)
Syphilis/Soft Sore	91 (128)	- (-)	- (-)	91 (128)
Gon/Syph/Soft Sore	3 (11)	- (-)	- (-)	3 (11)
L.G. Inguinale	3 (3)	- (-)	- (-)	3 (3)
L.G. Venereum	1 (-)	- (-)	- (-)	1 (-)
TOTALS:	673 (810)	13 (36)	4 (4)	690 (850)

/NON VENereal

NON VENEREAL DISEASES.

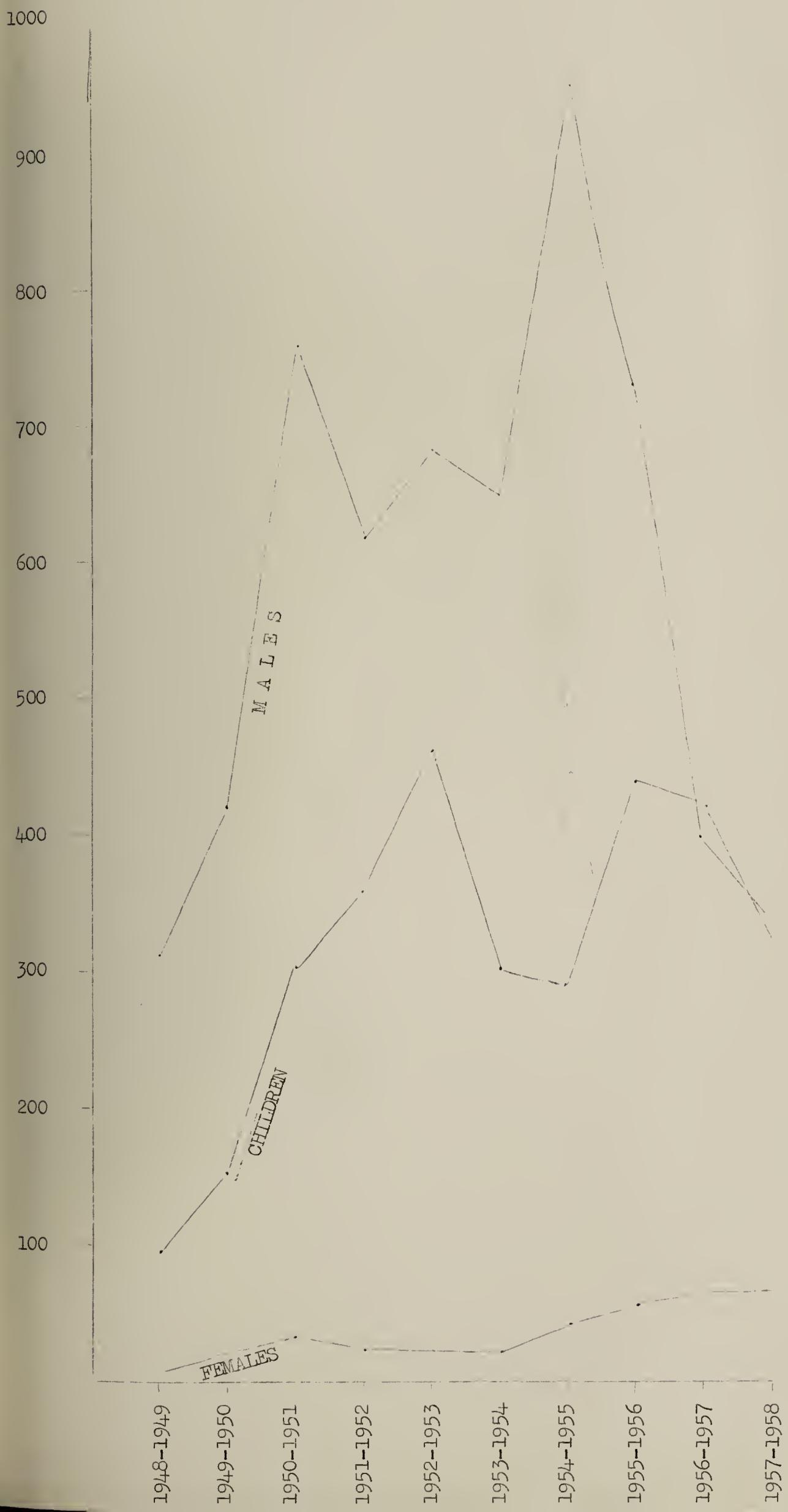
	<u>MALE</u>	<u>FEMALE</u>	<u>CHILDREN</u>	<u>TOTAL</u>
Diphtheria	3 (5)	6 (19)	33 (47)	42 (61)
C.S. Meningitis	7 (23)	1 (1)	3 (12)	11 (36)
Other Meningitis	7 (7)	- (2)	3 (4)	10 (13)
Tuberculosis	114 (133)	48 (49)	37 (35)	199 (217)
Enteric	2 (-)	- (-)	- (-)	2 (-)
Leprosy	51 (87)	1 (1)	- (-)	52 (88)
Small Pox	1 (1)	- (-)	1 (5)	2 (6)
Chicken Pox	91 (38)	2 (3)	25 (5)	118 (46)
Measles	38 (58)	2 (-)	96 (119)	136 (177)
Mumps	9 (59)	1 (-)	2 (-)	12 (59)
Poliomyelitis	1 (2)	1 (-)	38 (100)	40 (102)
Whooping Cough	- (-)	- (-)	83 (101)	83 (101)
Scabies	217 (156)	- (2)	10 (19)	227 (177)
Typhoid Fever	- (-)	- (-)	- (-)	- (-)
Virus-Encephalitis	- (-)	- (-)	1 (-)	1 (-)
Miscellaneous	306 (274)	191 (289)	107 (171)	604 (734)
TOTALS:	847 (843)	253 (356)	439 (618)	1539 (1817)

ABSCONDING PATIENTS.

<u>Disease.</u>	<u>No.</u>
Soft Sore	17
Gon. and Soft Sore	1
Balanitis	1
Observation	9
Mumps	1
Syphilis and Soft Sore	1
Venereal Warts	2
Lodger	<u>1</u>
TOTAL:	33

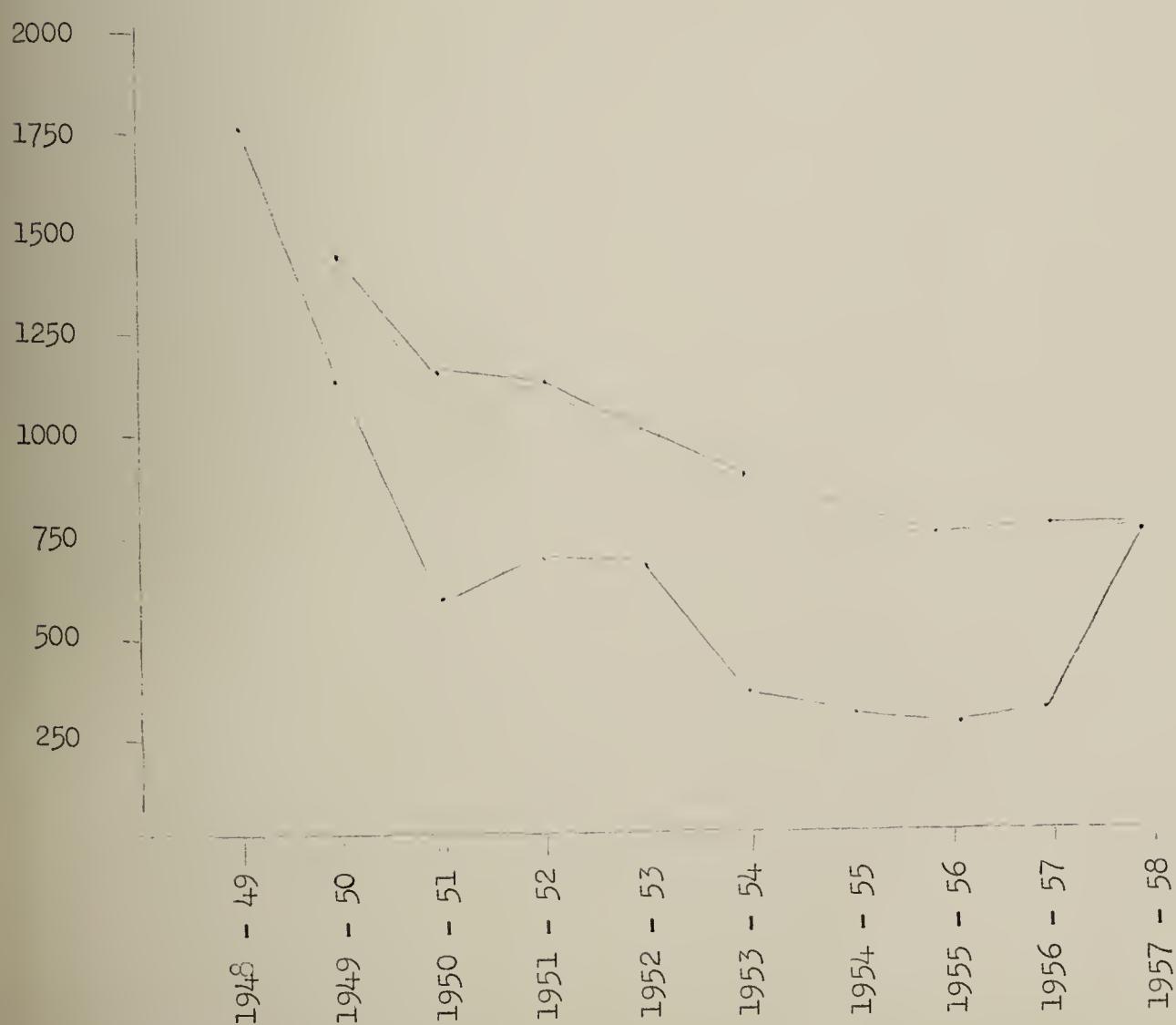
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GRAPH SHOWING ADMISSIONS OF INFECTIOUS DISEASES
OVER A PERIOD OF 10 YEARS.



GRAPH SHOWING OUT-PATIENTS TREATED OVER A PERIOD
OF 10 YEARS.

Average shown:



GRAPH SHOWING ADMISSIONS OF CASES OF POLIOMYELITIS
OVER A PERIOD OF 10 YEARS.

110

Average shown:

100

90

80

70

60

50

40

30

20

10

948-49

949-50

950-51

951-52

952-53

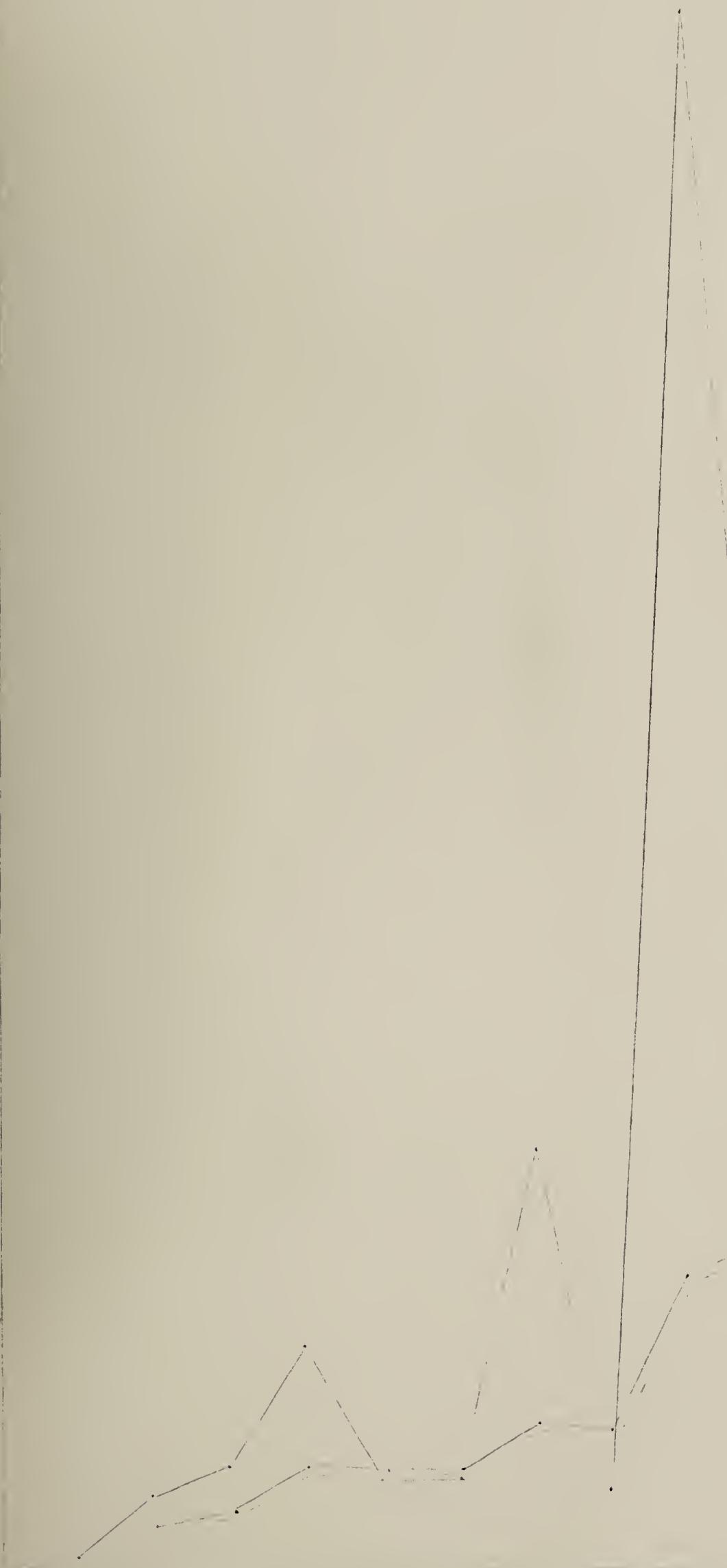
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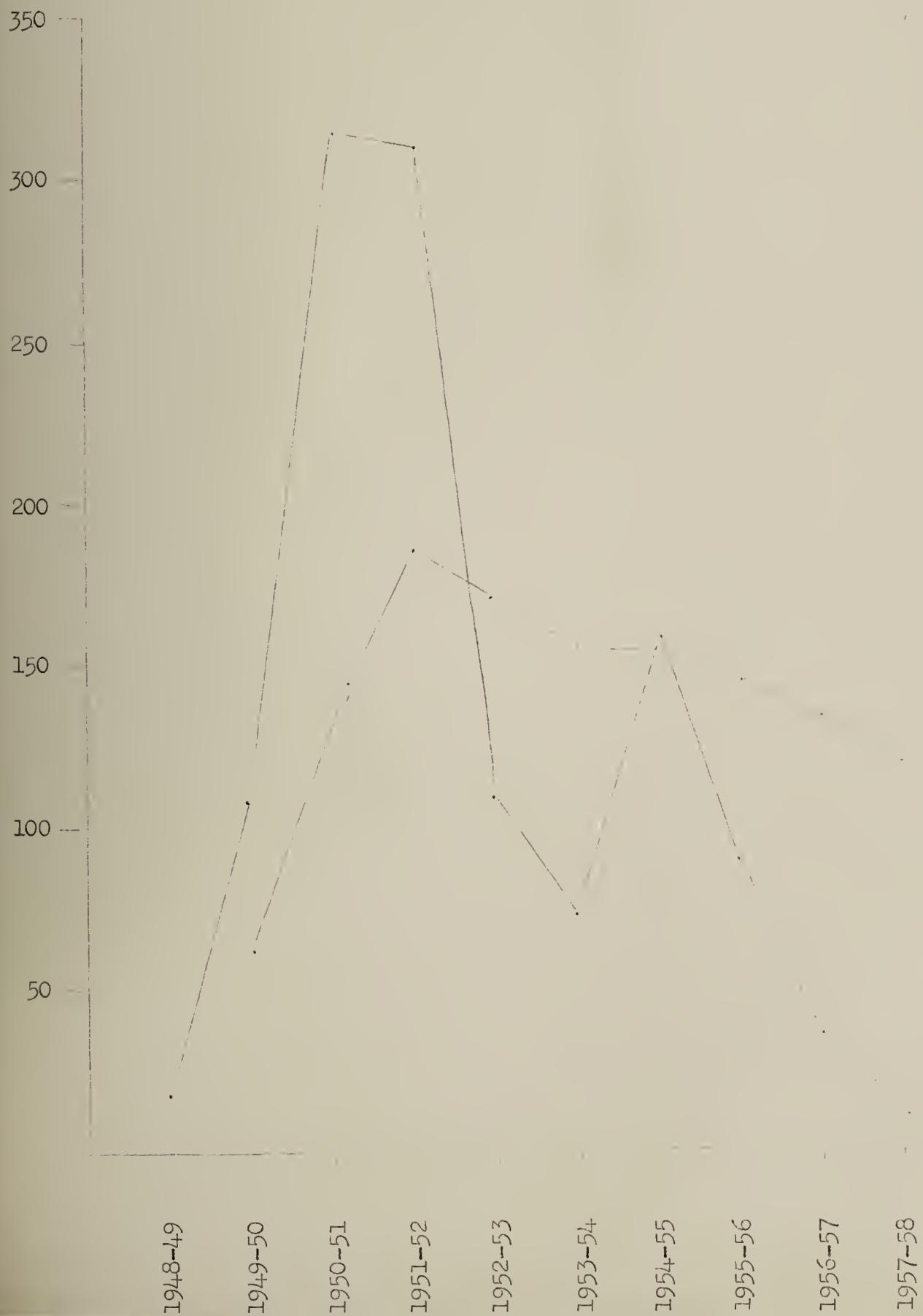
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GRAPH SHOWING ADMISSIONS OF CASES OF CEREBRO-SPINAL
MENINGITIS OVER A PERIOD OF 10 YEARS.

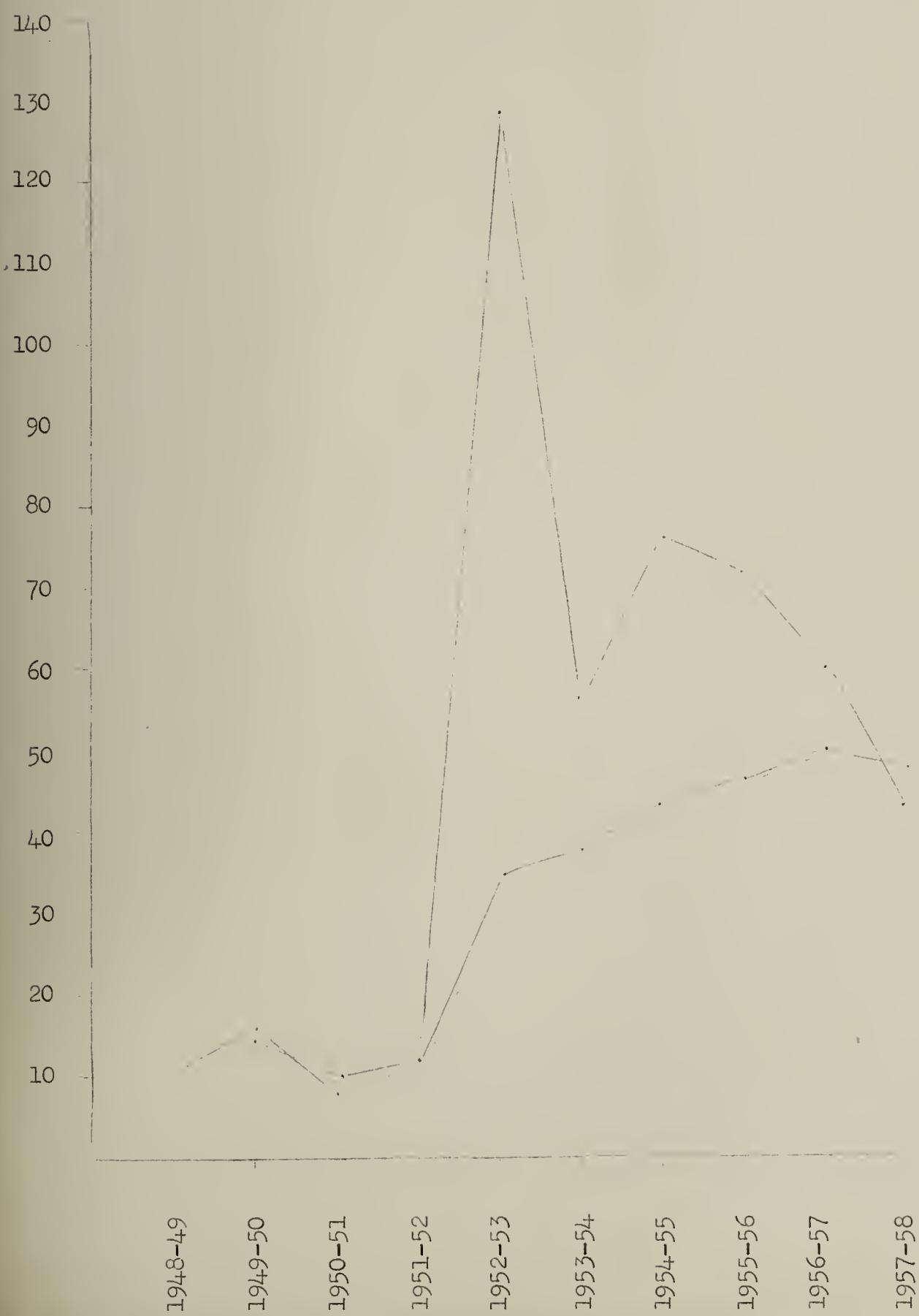
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Average shown:



GRAPH SHOWING ADMISSIONS OF CASES OF DIPHTHERIA
OVER A PERIOD OF 10 YEARS.

Average shown: _____



MUNICIPAL CLINICS AND DOMICILIARY NURSING SERVICE.

Infant and Child Welfare.

Sessions are held at the following:-

Queen Elizabeth Clinic	Eurocans
Avondale Clinic	"
Braeside Clinic	"
Eastlea Clinic	"
Gatooma Road Clinic	"
Southerton Clinic	"
Cranborne Kindergarten School	"
Arcadia Clinic	Coloureds
Market Square Clinic	"
Market Square Clinic	Asiatics
Harari Female Dispensary	Africans
Matvuku Clinic	"

With the exception of the Clinics held at the Cranborne Kindergarten School, all clinics are held in permanent clinic buildings erected by the City Council in the various residential areas of the City and the African Townships.

The work of the Clinics continues to expand with the general increase in the population.

The scope of the Health Visitors' activities has been expanded and they now undertake the investigation of European cases of notified infectious diseases, a duty previously carried out by the Health Inspectorate. Duties of Health Visitors have been modified to secure a greater emphasis on domiciliary visiting rather than the more formal clinic work. Particularly in the new housing estates, it has proved valuable to adopt a "house to house" system of visiting instead of restricting visits to homes from which new births have been notified. In this manner valuable information on social conditions is being obtained and the basis of a health visitor's work broadened beyond the previously limited sphere of infant welfare.

The following is an example of what the position was in regard to the care of children of pre-school age in a European residential area.

No creche facilities are available in or near the area concerned.

(1) Number of homes investigated	436	(2) Number of homes with children	263
(3) Mothers at home	165	(4) Mothers working	98

But for the fact that a number of the mothers in this area cannot speak English an even greater number would be working.

(5) Number of children in the area	511	(a) Infants up to 2 years	89
		(b) Children 2 - 6 years	179
		(c) Children of school age	243

(6) Children of working mothers 160

of these: (a) 10 are under 2 years.

5 are cared for by Nannies;

3 all day

2 for mornings only.

3 are in a Creche

2 are with friends.

(b) 55 are in the age group 2 - 6 years.

33 are cared for by Nannies.

16 are in a Creche.

6 are with friends.

(c) 95 are of school age.

9 are at school all day.

8 are cared for by Nannies after school.

4 are cared for in a creche after school.

14 are cared for by relatives or friends after school.

60 fend for themselves after school.

The Health Visitor has commented as follows:-

"From what I have seen I think it is necessary for some provision to be made for a creche in the area. The majority of the children of working mothers are cared for by the Nannies - some of them all day as the parents do not return for lunch; I feel that this is most unsatisfactory."

It is understood that the City Council has no legal authority to establish creches, neither is there any local administrative machinery for dealing with such a situation as that disclosed above.

Other examples of the Health Visitors findings are given below.

(1) Mother and Father went to Beira for one week leaving baby of $2\frac{1}{2}$ weeks and 1 toddler of 1 year at home. The cook boy and his

wife looked after the children during the day; the boy stated that a European lady slept at the house but was away at work all day. The cook boy sterilized the baby's bottles and made up the feeds daily. Called at the house 6 p.m. one evening - no European seen.

The case was handed over to the Social Welfare but, as the babies had a female looking after them and there was no sign of neglect or malnutrition, no action could be taken.

Have called again - Mother out at work all day. Babies still being cared for by cook boy and his wife.

(2) 3 Small children under 6 years - baby not 1 year. Father has Disseminated Sclerosis, is employed in Government Service and has been on sick leave for months - will possibly be boarded out in February when mother will have to find employment.

(3) Child of 7 years, mentally retarded.

Have tried to persuade mother to see about child's education but father reluctant to do anything. Mother has stated that they will do something about child's education in 1959.

The clinics form the focal point for the carrying out of the Department's immunization campaign against Poliomyelitis, Diphtheria, Whooping Cough and Tetanus and, except for Africans in employment, vaccination against Small Pox.

In so far as the African Infant Welfare Clinics are concerned, it is clear that a large number of mothers delivered in the Confinement Centre and Harari Maternity Hospital do not bring their children to the Clinics. The fact is that many expectant mothers only come to the Harari Township for ante-natal care and confinement, returning to their homes in the Reserves as soon as possible after confinement. Amongst the babies attending the clinics regularly the infant mortality rate is low.

The following figures indicate the quantity of milk and baby food distributed during the year:-

Europeans	1,295 pints	(2,400)
Coloureds	31,084 "	(31,530)
Africans	14,309 lbs.*	(11,710)

*Includes Mabvuku.

Health Visitor Services.

The work performed by this section is set out in the following tables:-

/Child

Child Welfare Clinics.

<u>Europeans.</u>	<u>No. of Clinics.</u>	<u>Attendances.</u>
Queen Elizabeth Clinic	205 (200)	4,357 (4,165)
Eastlea Clinic (Including Pise 3)	149 (148)	3,038 (2,758)
Avondale	114 (91)	2,744 (1,800)
Highlands (Ceased March 1958)	36 (49)	750 (790)
Braeside	98 (97)	2,474 (2,364)
Beatrice Road Cottages (Ceased)	- (8)	- (43)
Appointment Clinics	46 (41)	756 (517)
Parktown (Ceased March 1958)	15 (22)	348 (411)
Cranborne Kindergarten School	49 (49)	840 (751)
Gatooma Road Clinic	98 (136)	2,745 (2,412)
Southerton Clinic	50 (26)	1,013 (369)

Asiatics and Coloureds.

Market Square - Coloureds	50 (49)	826 (910)
Market Square - Asiatics	51 (48)	782 (851)
Arcadia - Coloureds	98 (70)	2,932 (2,387)
TOTALS:	1,411 (1,383)	40,569 (32,488)

Visits Paid by Health Visitors: Within the Municipal Area.

	<u>Europeans</u>	<u>Coloureds</u>	<u>Asiatics</u>
New Births	1,076 (864)	101 (93)	69 (70)
New visits	180 (106)	29 (4)	40 (2)
Re-visits	3,764 (3,916)	350 (226)	168 (144)
Special Visits	978 (292)	209 (6)	1 (1)
TOTALS:	5,998 (5,178)	689 (329)	278 (217)

Visits Paid by Health Visitors: Outside Municipal Area.

Europeans.

New Births	34 (114)
New Visits	2 (11)
Re-visits	132 (354)
Special Visits	10 (60)
TOTAL:	178 (539)

Total Visits Paid by Health Visitors : 7,143 (6,263).

Home Visits (by African Staff) Mabvuku.

New Births	781	(534)
New Visits	832	(-)
Re-visits	66	(136)
Special Visits	2,592	(3,630)
TOTAL:	4,271	(4,300)

Diphtheria, Whooping Cough and Tetanus Immunization and Vaccination against Small Pox.

<u>1. Europeans.</u>	<u>No. of Clinics.</u>	<u>No. Immunised.</u>	<u>No. Vaccinated.</u>	<u>Total Attendances.</u>
Avondale Clinic	12 (-)	42 (-)	106 (-)	323 (-)
Queen Elizabeth Clinic	24 (16)	664 (177)	297 (176)	1,245 (580)
Gatooma Road Clinic	12 (8)	53 (23)	116 (39)	328 (81)
Eastlea Clinic	11 (7)	95 (56)	159 (84)	406 (153)
Braeside Clinic	11 (8)	64 (38)	106 (79)	293 (145)
Southerton Clinic	<u>12 (-)</u>	<u>39 (-)</u>	<u>87 (-)</u>	<u>352 (-)</u>
TOTAL:	82 (39)	957 (294)	871 (378)	2,947 (959)

2. Asiatics.

Market Square	10 (8)	52 (22)	47 (43)	108 (65)
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3. Coloureds.

Arcadia	10 (9)	16 (22)	50 (35)	99 (61)
Market Square	<u>10 (8)</u>	<u>21 (4)</u>	<u>25 (15)</u>	<u>47 (27)</u>
TOTAL:	20 (17)	37 (26)	75 (50)	146 (88)

Poliomyelitis Immunization. 1st January to 30th June, 1958.

(a) Subsidised.

1. Europeans, Coloureds and Asiatics. (1 - 15 years age group).

1st Injection	459
2nd Injection	413
3rd Injection	335

2. Pregnant Women.

1st Injection	49
2nd Injection	61
3rd Injection	20

3. Africans. (1 - 5 years age group).

1st Injection	37
2nd Injection	34

(b) Unsubsidised.

1st Injection	1,087
2nd Injection	1,118

Ante-Natal and Post-Natal Care: General Clinics and District Nursing Service (Europeans, Asiatics and Coloureds.)

The majority of European mothers receive medical ante-natal and post-natal care from the general practitioner engaged to attend at the confinement which usually takes place in the Lady Chancellor Maternity Home, a Government Hospital. The ever increasing demands made on this institution have necessitated the early discharge of many City mothers to their homes a few days after confinement and the Department's District Nurses assume responsibility for the necessary nursing care of these women.

The same remarks apply to the Asiatic and Coloured mothers confined in the Princess Margaret Hospital.

In addition to the above, General Clinics and a Domiciliary Nursing and Midwifery Service are operated by Council's District Nurses; the details of their work are set out below:

Arcadia - Coloured.

Ante-Natal.

No. of Clinics	90	(87)
No. of new attendances	50	(26)
Total attendances	207	(145)

General.

No. of new cases: Male 149 (128)

Female/
Children 159 (177)

Total attendances: Male 2,192 (2,408)

Female/
Children 3,490 (2,704)

Market Square.

Ante-Natal Coloured.

No. of Clinics	90	(86)
No. of new attendances	27	(13)
Total attendances	135	(40)

Ante-Natal Asiatic.

No. of Clinics	90	(46)
No. of new attendances	21	(20)
Total attendances	64	(88)

General - Coloured and Asiatic.

No. of new cases:	Male	93	(90)
	Female/		
	Children	75	(109)
Total attendances:	Male	389	(399)
	Female/		
	Children	635	(697)

General Visits and Confinements.

	<u>No. of</u>				<u>Visits Paid.</u>	
	<u>Confinements</u>	<u>Ante-Natal</u>	<u>Post-Natal</u>	<u>General</u>		<u>Total</u>
Europeans	4 (6)	88 (88)	1402 (1316)	4773 (4136)	6263 (5540)	
Asiatics	12 (12)	71 (86)	252 (335)	188 (236)	511 (657)	
Coloureds	2 (6)	47 (62)	417 (321)	101 (138)	565 (521)	
TOTALS:	18 (24)	206 (236)	2071 (1972)	5062 (4510)	7339 (6718)	

AFRICAN CLINICS.

(1) H.R.RI MALE DISPENSARY.

This is a daily outpatients' clinic and dispensary which serves male Africans over the age of 12 years, and male African school children. It is situated near the Main Market in the Harari Township and also houses the Dental Clinic. Since April, 1958, the clinic times have been extended and the clinic is now open on Saturday and Sunday afternoons as well as public holidays.

The staff consists of three male African nursing orderlies working in shifts to cover the period from 7 a.m. to 6 p.m. There is a European Clinical Assistant in charge and the clinic is visited daily by a Medical Officer of the Department.

Special attendance cards are issued to each patient considered ill enough by the Medical Officer to warrant his absence from work and this type of "medical certificate" is of great assistance to employers when the African returns to duty. Cases of a more serious nature are referred to the hospitals for attention.

The following figures indicate the work carried out at the clinic during the year:-

	<u>1958</u>	<u>1957</u>
Number of new cases seen	19,838	17,872
Total number of attendances	*69,905	*81,980
Number of cases referred to Native Infectious Diseases Hospital	47	
Number of vaccinations	819	

/*Both

*Both these figures record repeat attendances the same day for medicines and dressings. In 1958 attendances were less because more medicines were dispensed thus necessitating only one daily attendance in many cases.

Laboratory Investigations and X-Rays Performed.

Number of Blood Tests for Wassermann Reaction:	1,437 of which 29 were positive.
Number of Bilharzia tests done:	345 of which 154 were positive.
Number of throat swabs taken:	28
Number of sputum specimens:	115
Number of Positive smears for Gonorrhoea:	20
Number of X-Ray chest examinations:	16
Number of X-Ray of bones taken:	12

(2) MATAPI CLINIC.

In November, 1957, a Tuberculosis out-patient clinic was established at the Matapi Clinic. In adding to the out-patient care of Tuberculosis patients, the work of contact tracing and case finding has been based on this clinic.

The clinic is equipped with facilities for weighing the cases and Mantoux testing; a small laboratory has been equipped for the examination of sputa, urines and B.S.R.

X-Ray examination of out-patient cases and contacts are currently carried out at the new Harari African Hospital and, prior to the opening of this new hospital, the X-Ray work was carried out at the Salisbury Chest Clinic.

The following principles of out-patient therapy and follow-up are observed:-

(a) Following discharge from the Native Infectious Diseases Hospital the patients report the following day to the clinic and here they are given a two weeks supply of I.N.H. and P.A.S. tablets and two lbs. of milk powder, i.e. to provide 1 pint of milk per day. The milk is supplied by R.A.P.T. (1 lb. plastic bags of skimmed milk powder). R.A.P.T. are now supplying 200 lbs. of milk per month for the requirements of this clinic. The milk is very popular and is an important inducement to regular attendance.

(b)

- (b) Cases living in Salisbury attend every two weeks for their tablets and milk - cases from outside Salisbury (e.g. the Reserves) attend monthly. Defaulters are soon picked up in the Municipal Area and those from outside are notified to the Government Health Inspector at the end of each month.
- (c) All cases are re-X-Rayed, weighed and examined clinically a month after discharge and if satisfactory are booked for another examination in three months time. A urine specimen is tested at the clinical examination (for P.A.S. by the Ferric Chloride test) to ensure that the patients are taking their P.A.S. In the majority of cases this shows that the tablets are being taken.
- (d) We are working at the moment on the basis that out-patient therapy and follow-up should continue for at least 18 months after discharge from hospital.
- (e) Out-patients are being seen at a special session each week by the Medical Officer.
- (f) Mantoux testing is now being carried out by the Heaf Multiple Puncture technique which has been found to give very satisfactory results.
- (h) The co-operation of employers and the assistance of the Harari Location Police in helping to trace contacts has been most gratifying. (Patients are reminded on their visits that the clinic is open on Sunday afternoons so that tablets can be obtained out of working hours.)

/ TUBERCULOSIS

TUBERCULOSIS CLINIC RETURNS FOR PERIOD NOVEMBER 1957 TO JUNE 1958.

-40-

Month	Patients Interviewed	Not Interviewed	Employers Visited	Clinical Examinations	Out-Patients Attending		Positive Contacts	Suspicious Contacts	Asiatic & Coloured Cases Dealt With
					Contacts	Contacts			
November	5	Nil	8	6	12	18	Nil	5	Nil
December	10	Nil	13	5	26	24	Nil	2	Nil
January	10	Nil	8	12	63	37	1	12	Nil
February	9	3	11	26	70	32	1	7	Nil
March	9	Nil	17	27	80	19	2	4	Nil
April	15	Nil	20	37	91	58	1	10	Nil
May	11	Nil	22	41	106	23	1	6	1
June	15	7	16	54	90	30	1	4	Nil
TOTAL	84		10		115	208	241	7	50

MATAPI CLINIC.

RETURN OF OUT-PATIENTS (NON-TUBERCULOSIS)

JULY 1957 - JUNE 1958

Month	New Cases	Attendances
July	412	1,512
August	966	4,660
September	356	1,241
October	506	1,642
November	455	2,058
December	439	1,692
January	366	1,811
February	331	1,604
March	380	1,973
April	422	1,919
May	468	1,619
June	407	1,193
TOTAL:	5,508	22,724

(3) MBARI HOSTEL CLINIC AND SICK BAY.

This clinic is situated in the Mbari Hostel in Harari Township and serves the Council's African male employees numbering approximately 5,500. It is open daily. Attached to the clinic are four wards which can accommodate 24 in-patients.

The clinic is staffed by three African male nursing orderlies who each work an eight-hour shift and who are supervised by a European Clinical assistant. The clinic is visited daily by a Medical Officer of the Department.

All male Municipal employees who fall ill are either treated as out-patients, admitted to the sick bay or referred to the Government Hospital. All cases covered by the Workmen's Compensation Act are referred to the General Hospital. Illnesses such as Pneumonia, Malaria, Influenza, Bilharzia, minor surgical conditions and minor infectious diseases are treated in the sick bay and this has ensured continuity of treatment and a speedy return to duty. Thirty-five cases of Bilharzia received Nilodin treatment during the year.

/The following

The following figures give the daily average percentage of the total strength sick or injured and the average number of days off per sick African in relation to the total labour force:-

Mean of Daily%

<u>Average Total Strength of African Employees.</u>		<u>Average of Total Strength Sick and Injured.</u>		<u>Average Days off per Sick African.</u>
1957	4,826	1957	-.35	1957 - 6.06
July - Dec. 1957	5,426	1957	-.40	1957 - 9.56
Dec. - June, 1958	5,673	1958	-.396	1958 - 9.64

The daily percentage average of total strength sick and injured has risen slightly compared with the previous years and this is due in large measure to the two waves of Influenza which affected the community, the first the Asian 'Flu in August and September of 1957, and the second a lesser outbreak of Influenza in May and June of 1958 which was accompanied by severe respiratory symptoms.

The average days-off per sick African has also risen from 6.06 to 9.64. This was found on analysis to be due to the fact that seven cases of Pulmonary Tuberculosis were discovered and treated during the year at the Native Infectious Diseases Hospital. Two of the cases were discovered during survey of one of the Municipal Departments carried out at the Salisbury Chest Clinic.

Another contributing factor was the occurrence of 15 Fracture cases. Fracture cases and the Tuberculosis cases require long periods of hospitalisation.

The following figures give the number of general and surgical cases attended to during the year:-

No. of cases admitted to the Hostel Sick Bay	327	(758)
No. of cases transferred to the Native Infectious Diseases Hospital	54	(62)
No. of cases referred to the Government Hospital	344	(244)
No. of working out-patients	7,336	(6,062)
Total number of new cases treated	8,061	(7,116)
Total number of attendees	*69,707	(36,565)

*This figure includes repeat attendees the same day for treatment and medicines. A large number of patients were attended to when the two waves of Influenza already referred to occurred.

A routine medical examination of all new male African recruits for the Municipal service and their re-examination at regular intervals of approximately six months is carried out at the clinic by

the European Clinical Assistant. This examination is more comprehensive than the one carried out on non-Municipal Africans to guard against possible future disability and to ensure suitability for a particular type of employment.

During the year the following medical examinations and Small Pox vaccinations were carried out:-

No. of Africans examined	9,866	(10,290)
No. of Africans vaccinated	969	(1,130)

(4) HARARI LOCATION FEMALE DISPENSARY.

General Clinics.

The attendances have been well maintained throughout the year with the customary falling off of attendances during the migration of mothers and children to the Reserves during the planting and reaping months.

The general health, apart from the Reserve residents who attend only occasionally when confronted with grave illness, has apparently improved and less severe illness has been observed. It is possible that a larger proportion of the seriously ill cases may now attend the African General Hospital, since it is now within reasonable distance. Broncho and Lobar Pneumonias have been much less frequent even in the winter months, whereas Enteritis is more or less continuous in babies and young children throughout the year. The availability of skimmed milk powder has been of great assistance in treating these Enteritis cases and has undoubtedly determined a more speedy recovery.

Diphtheria has been seen more frequently than last year in spite of the increased numbers attending for immunization, but most of these cases are recent arrivals or visitors from the Reserves.

Meningitis and Encephalitis have been very rare. Incidence of Tuberculosis has apparently increased, particularly amongst the younger children, and the co-operation of the X-Ray Department at the African General Hospital in the investigation of these cases has been much appreciated.

Kwashiorkor has been less frequent but malnutrition and Marasmus amongst the weaned babies and children of 1 - 3 years occur far too frequently. Here again the skimmed milk powder has proved of great benefit.

Maternity Clinics.

The attendances at these clinics continue to increase and, after much propaganda, there has been a growing tendency to attend

/earlier

earlier in pregnancy.

The post-natal clinics, in spite of advice from the staff at the Confinement Centre and Female Dispensary, are poorly attended. It seems that many mothers return to the Reserves with their infants as soon as the treatment to the child's umbilical cord is completed.

Immunization Clinics.

The attendances have improved in numbers, although it is to be regretted that in spite of special propaganda only a small percentage complete the three prophylactic injections for Diphtheria and Whooping Cough. Tuberculosis immunization is still not popular, probably on account of the discomfort of the Mantoux Test injection.

B.C.G. Vaccination in infants up to 2 weeks of age without preliminary Mantoux testing has been introduced and attendances have been reasonably good.

Venereal Diseases.

The incidence of these in all clinics has markedly decreased and it is now rare to see this disease in the early infectious stage. The improvement in the efficacy of the "fortified" treatment no doubt contributes to this.

Injuries from domestic accidents in infants and young children are much too frequent and generally result from gross carelessness on the part of the mother, the type of accidents most commonly encountered being severe burns, injuries from broken glass, swallowing of Paraffin, Benzine, safety-pins and crown corks, etc.

(5) MABVUKU (DONNYBROOK) DISPENSARY, CLINIC AND CONFINEMENT CENTRE.

General Clinics.

These clinics are well attended and there has been less incidence of serious illness. Again it is noted that the general health of this community is much better than in the overcrowded Harari Location.

The numbers attending Immunization Clinics have increased but there is still room for improvement.

No. of Clinics	365	
New Medical and Surgical Cases	792	(626) Males
" " " "	<u>7,650</u>	(5,025) Females
Total:	<u>8,442</u>	
All Attendances	4,090	(2,369) Males
	<u>47,132</u>	(42,211) Females
Total:	<u>51,222</u>	

Immunization : Diphtheria and Small Pox.

No. of Clinics	28	(25)
No. immunized (total course)	133	(79)
No. Vaccinated	328	(415)
Total Attendances	572	(369)

Ante-Natal.

No. of Clinics	100	(98)
New Attendances	393	(331)
Total Attendances	1,871	(1,873)

Confinement Centre.

Confinements and ante-natal attendances have increased and the work of the African Nursing Staff is very satisfactory.

The number of confinements was 276 as compared with 244 in the previous year.

Abnormal Cases Transferred to Harari Maternity Hospital.

Twin Pregnancy	3
Prolonged Labour	2
Premature Labour	3
Ante-Partum Haemorrhage	4
Abnormal Presentation	3
Foetal Distress	2
Weakness of Infant	3
(Blue Asphyxia 2	
White Asphyxia 1)	
Perineal Tears (2nd Degree)	2
Unbooked Cases	2
	24
	—

(6) HARARI CONFINEMENT CENTRE.

During the year a total of 1,365 women were confined in the Centre and the following information with regard to those cases is recorded:-

1957/58

Number of Cases Admitted 1,365

Still Births 5

Causes:

1. B.B.A. (2nd of Twins)
2. Breech and prolonged labour.
3. White Asphyxia - cord round neck.
4. White Asphyxia.
5. White Asphyxia - no ante-natal care for three months.

/Transferred

Transferred to Harari Maternity Hospital.

Prolonged Labour	37
Abnormal Presentation	21
Premature Infants	14
Premature Labour	9
Twin Pregnancies	9
Foetal Distress	6
Weak Condition of Infant	12
Asphyxia of Infant	5
2nd Degree Perineal Tears	9
Ante-Partum Haemorrhage	11
Post-Partum Haemorrhage	4
Prolapse of Cervix	4
Abnormal Condition of Vulva	8
Maternal Distress	4
Pyrexia of Mother	2
Eclampsia	<u>1</u>
	<u>156</u>

(7) EXAMINATION OF AFRICAN MALES.

The African employee or job-seeker is examined once a year under the present statutory regulations. The examination consists of an external examination to exclude possible infectious or notifiable disease and venereal diseases. This is of importance in view of the fact that many Africans take up domestic employment or are engaged in food handling.

All Africans are Mantoux tested on the day of examination. This is done by skin injection in the left forearm and these tests are read three to four days later. Negative reactors are given an injection of B.C.G. vaccine in the right deltoid region. This is to avoid confusion with Small Pox vaccination which is done on the left arm. The preparation used is the Glaxo Freeze Dried vaccine which is found to be economical being packed in ten dose vials.

No African is given a pass or "situpa" to take up employment until he has had his medical examination form stamped with "M". (Mantoux positive) or "B.C.G." (Mantoux negative and inoculated) and "Medically Fit". These stamps are all dated.

/It will

It will be found from the attached figures that 3,452 did not return to have the Mantoux tests read. This figure is a vast improvement on the number of defaulters recorded for the previous year - 18,277. It has been discovered that most of the Africans who do not return have found employment in the peri-urban areas and townships and thus have been taken on without full registration.

Since Mantoux testing and B.C.G vaccination was started in October, 1953, the following are the figures for each year:-

	No. Mantoux Tested.	No. Negative	No. Positive	No.B.C.G. Vaccination	No.Failed to Report
1953/54	3,154	889	1,732	889	532
1954/55	14,430	3,957	9,095	3,957	1,378
1955/56	19,812	6,811	9,580	6,790	3,381
1956/57	102,194	17,941	65,976	17,925	18,277
1957/58	122,070	13,837	104,720	13,975	3,452
	261,660	43,435	191,103	43,536	27,020

Many employers and firms require examination of their African employees on the site and, while vaccinations are carried out, Mantoux testing is not done because this necessitates a second visit which is not possible with the number of staff available. Several firms have had Mass Miniature Radiography carried out on their staff at the Salisbury Chest Clinic during the year. Any employees found on examination to be suspicious of suffering from disease are brought to the Market Square Clinic, whence they are admitted either to the Native Infectious Diseases Hospital or the Government Hospital.

Other Work Carried out at the Clinic.

Small Pox Vaccination.

Approximately 58% of the total examined also were vaccinated against Small Pox. All Africans indigenous to Southern Rhodesia are vaccinated, while foreign Africans are vaccinated on entry into the Colony at the ports of entry.

Vi-Tests are taken from milk and food handlers for the Dairy Marketing Board and Cranborne Hostel.

Gonorrhoea Cases found on medical examination are treated with an injection of 600,000 units of penicillin.

/Emergency

Emergency dressing of wounds and septic sores is carried out.

The following figures indicate the number of examinations carried out and, considering the cramped accommodation, lack of showering facilities for the Africans and the constant interruptions from impatient employers requesting immediate examinations of their own African employees, special tribute must be paid to the staff who carry out this work under such trying conditions.

The following table sets out the work done in the year:-

MEDICAL EXAMINATION OF AFRICANS.

	Number of Africans Examined.	Number of Africans Vaccinated.
Males - Market Square	114,888 (94,268)	66,940 (45,391)
Males - Avondale	3,997 (4,626)	2,158 (3,192)
Males - Harari Hostel	9,866 (10,290)	969 (1,130)
Males - Outside Firms	13,984 (14,261)	6,192 (5,050)
Females - Market Square	2,016 (1,704)	2,016 (1,704)
TOTALS:	144,751 (125,149)	78,275 (56,467)

(1) Total number of firms visited	191
(2) Total Number of Male Africans Referred to Native Infectious Diseases Hospital in the above period (July, 1957 - June, 1958)	1,024
(3) Total number of Male Africans treated for Gonococcal Infection of the urethra	79
(4) Vi Tests of Employees of -	
Cranborne Hostel	166
Dairy Marketing Board	100

MARKET SQUARE CLINIC FOR EXAMINATION OF AFRICAN FEMALES.

The number of African women attending for examination continues to increase, especially amongst women from distant towns, Nyasaland and the Union. Comparatively few domestic employees return for their annual examination.

T.B. Testing and B.C.G. vaccination are carried out on all attending.

The occurrence of infectious V.D. in these women is now very rare.

/MANTOUX

Market Square		No. Inf. 5-22					
		Positive	Positive	Positive	Positive	Positive	Positive
Female	1,944	652	1,031	..	2,034	655	257
HARRIET FIELD DISPENSARY							
Children: 0 - 5 years	510	292	30	..	30	292	188
5 -10 "	164	86	24	..	24	85	54
10 -15 "	26	12	7	-	7	12	7
Infants (under 3 weeks - B.C.G. Only)	-	-	-	-	-	161	-
Adults	585	174	162	..	162	174	249
HARRIET FIELD DISPENSARY							
African Males (Temporarily suspended 20.8.56)	-	-	-	-
AVONDALE PASS OFFICE	3,833	309	1,954	890	2,844	809	180
MARKET SQUARE							
African Males	114,702	11,806	93,183	7,211	100,394	11,806	2,502
MATAPI CLINIC - 14.11.57.-30.6.58.**	246	6	225	-	225	-	15
TOTALS:	122,010	13,837	96,619	8,101	104,720	13,975	3,452

Those with a reaction of 15 MM (Mantoux) were at first referred for further examination and X-Ray of chest. No particular significance was discovered re the presence of active Tuberculosis and this was then dropped.

** B.C.G. given at Market Square and included in Market Square figures.

DENTAL SERVICE.

The Senior Dental Officer reports as follows:-

"Two important innovations were introduced during the year, namely the provision of free dental treatment for African women and children and the routine examination of all expectant mothers attending the Ante-Natal Clinic (from April 1958).

It continues to be difficult, however, to persuade patients that by having treatment before they feel pain a great deal of pain can be prevented at a later date. The African Nurses are very patient in reasoning with these women, but so often the answer is "but it does not hurt". The women who do accept treatment, however, keep their appointments until the treatment is completed.

I am assured that it is the strangeness of having teeth examined and various tribal Hoodoos that prevent many from accepting treatment, but as the inspections become more familiar it is hoped that they will accept corrective treatment as normal routine.

It is a matter for comment that during the inspections a number of women are seen who are dentally fit. This term is used rather loosely - here indicating absence of dental caries. The soft tissues - gum, etc., are another matter. Gum tissue is frequently slightly inflamed and soft - with marked Gingivitis around the margins of the teeth.

The molar and premolar cusps are worn down and the upper and lower jaws in occlusion are like two sliding planes. They are usually young adults and it is presumed have lived all their lives in the Reserves (until coming to Salisbury as married women) where their diet, owing to insufficient cleaning, contains a certain amount of sand or grit. This over a number of years would have the effect of wearing down the enamel of the teeth - and would also have harmful effects on the soft tissues.

Apart from pregnant women the increase in the number of women and children treated since the free service was introduced illustrates how urgent was the need for such service."

Figures for the year are as follows :-

Inspections 3,876 (includes 572 expectant mothers examined at the Maternity Centre).

Extractions 3,265

Fillings 150

Dressings 148

/SUBSIDISED

SUBSIDISED MILK AND MEALS SCHEME.

Under the Subsidised Milk Scheme administered by this Department European, Coloured, Asiatic and African children up to the age of five years whose parents require assistance are able to obtain one pint of milk per child per day at subsidised rates.

The following figures indicate the quantity of milk in pints distributed during 1957/58 :-

Europeans - City	1,296	(2,400)
Asiatics - City	3,120	(2,160)
Coloureds - City	31,084	(31,530)
Africans	5,208	(8,640)

The following table shows the number of subsidised children's meals distributed in Harari Township since its commencement in 1942/43 :

1942/43	19,194
1943/44	73,497
1944/45	80,164
1945/46	78,485
1946/47	42,600
1947/48	69,415
1948/49	51,275
1949/50	46,390
1950/51	79,785
1951/52	65,752
1952/53	84,092
1953/54	13,665
1954/55	12,958
1955/56	166,972
1956/57	263,852
1957/58	239,839

In consultation with the Native Administration Department a modification of the diet offered was agreed giving greater variety and palatability. As a result a decline in the number of meals being sold was halted and the scheme is now more popular than before.

THE ARCADIA COLOURED CRECHE.

During the year under review the number of children on the Coloured Creche register has risen from 120 to 130, with a daily average attendance now very near the 100 mark. Because of this tendency to increase in numbers Council has decided to add to the

/existing

existing buildings and has provided in the current Estimates for the expenditure of £4,000 on buildings and £500 for furniture and equipment. It is hoped that work will shortly commence on this new wing.

So far this Department has managed to avoid an increase in the admission fee of 6d. per child per day, but whether this can continue is debatable and it may prove necessary to introduce a new tariff which, however, must not increase the burden too severely on families who have more than one child attending the Creche.

The Creche is staffed by a European Superintendent Matron and a European Matron, assisted by five Coloured maids who attend to the children and three African males who are responsible for the cleansing duties.

The Creche fills a very definite need amongst the Coloured people, since it seems customary and necessary for both wife and husband to provide the family income.

During the year it was possible to annex a triangular shaped piece of ground bordering the Creche boundary and this increased the children's playing space. This space is particularly welcome since the new buildings will reduce the playing area.

TOTAL ATTENDANCES FROM JULY, 1957
TO JUNE, 1958.

July, 1957	1,977	(1,814)
August	2,005	(2,096)
September	2,150	(1,769)
October	2,549	(2,090)
November	2,282	(2,110)
December	1,952	(1,772)
January, 1958	2,095	(1,949)
February	2,204	(1,879)
March	2,223	(2,134)
April	2,001	(2,040)
May	1,947	(2,209)
June	1,964	(1,717)

LICENSING.

A schedule of the types and numbers of certificates dealt with by this Department under the requirements of the Licence Control Act, 1954, is submitted, and shows an increase of 125 applications over the previous year.

Applications for certificates authorising the removal of a business are included in the schedule, but these represent only a small proportion of the applications, most of which are for new licences. It will be seen that the main increases are in Butcher's, General Dealer's and Hawker's Licences.

Reports are called for on each application for a Licence or removal of a Licence from this Department's Health Inspectors, the City Engineer's Department (Town Planning), the City Valuator's Department and the Police Authorities, and a considerable amount of work is involved in collating these reports and submitting a monthly schedule to the Council with recommendations.

Letters are written to each applicant after the Council meeting at which his application has been considered, advising him of the Council's decision; where work on premises is required, the letter is followed by a call from a Health Inspector to confirm that the requirements have been complied with in conformity with the Council's By-Laws.

Applications for Certificates for Year Ending
30th June, 1958, Made Under the Requirements
of the Licence Control Act, 1954, as Amended.

Approval of Manager	38	(36)
Authorized seller of Poisons Licences	12	(6)
Auctioneer's Licences	3	(1)
Baker's Licences	4	(1)
Butcher's Licences	26	(14)
Fishmonger's Licences	8	(8)
General Dealer's Licences	503	(419)
Gunpowder, Firearms and Explosives Licences	1	(2)
Hawker's Licences	61	(34)
Wholesaler's Licences	112	(122)
	768	(643)

REPORT ON THE ACTIVITIES OF THE HEALTH INSPECTORATE SECTION
FOR THE YEAR ENDING 30TH JUNE, 1958.

This section of the Department has an establishment of fifteen European Health Inspectors who are required to hold statutory qualifications registerable under the Medical, Dental and Allied Professions Act. In addition, a staff of five trained African Health Aids operate under the direction of a European Health Inspector in the Native Urban area, and a gang of approximately ten Africans are employed in the control of mosquitoes and snails in the streams and water courses passing through the Municipal area and in the destruction of other pests of public health importance.

During the year ending 30th June, 1958, the section has been seriously handicapped in the carrying out of a full scale programme of activities by a shortage of staff of qualified European Health Inspectors. Considerable difficulty has been experienced in obtaining qualified men on the present salary scale. With the appointment of the Chief Health Inspector to another Department in the Municipal Service, some re-organisation of the section has been carried out.

The Municipal Area is divided into a number of districts each under the control of a District Health Inspector responsible to the Chief Health Inspector. Due to the staff position, it has been necessary to increase the area of these districts and, with the continued rapid development of the City, it has been necessary to reduce the number of routine inspections particularly in the newer residential areas. However, an endeavour has been made to maintain the frequency of routine inspections in the Commercial, Industrial and older residential sections.

The Health Inspector (Licensing) has been responsible for the inspection and reporting on premises in respect of which applications have been made for new Municipal licences and certain Government Licences. He also attends the Liquor Licensing Court in connection with reports by this Department on premises in the Municipal Area.

LEGISLATION.

This Department has prepared a new set of Public Health Bye-Laws which it is hoped will be promulgated during the coming year.

HOUSING.

A housing survey carried out at the Railway residential area known as the Raylton Cottages revealed the existence of general unsatisfactory housing and environmental conditions.

/is

As a result of representation made to the Railway Authority, these dwellings are now being demolished as and when alternative accommodation is provided at Lochinvar.

Surveys of housing at Nicodemis Plot, Forbes Plot, Roden's Plot and Avondale revealed slum conditions which it is hoped will be remedied in the near future by the provision of new housing for these communities.

FRUIT AND VEGETABLE (HAWKERS).

Fruit and Vegetable Hawkers permanently trading from strategic positions still constitute a problem and are the subject of numerous complaints from the public. As a consequence of these complaints, further amendments to the Salisbury Hawkers and Street Vendors Bye-Laws have extended the areas in which this type of trading is prohibited.

SMOKE NUISANCES.

The Southern Rhodesia Government has failed to introduce satisfactory legislation to deal with the abatement of smoke nuisances and, as a result, the Council has been forced to refer complaints of this kind to the responsible Government Department. The complainant is informed of the action taken.

STREET FOOD VENDORS.

This undesirable form of trading still continues in the industrial areas and unfortunately no significant reduction in the number of operators can be reported. The agreed policy for their replacement by the establishment of fixed premises has, up to the present, made little progress except at Southerton where alternative satisfactory facilities have been provided.

REFUSE STORAGE.

One of the biggest problems this Department has had during the past year has been the storage and removal of refuse from business and industrial premises. For economic reasons the quantity of refuse removed from business premises is based on floor area and for any additional refuse produced a charge is made for removal. This is satisfactory up to a point, but certain types of business, particularly catering establishments and other food premises, frequently produce refuse in excess of the quantity permitted on the basis of floor area. In the interests of public health it is important that the type of refuse produced in these establishments be removed regularly and without

the delay which might be caused by disputes on additional cost. Requests that the amount of refuse removed from such premises be left to the discretion of this Department have been agreed to by the Department responsible for the removals.

In multi-storey buildings, chutes have not been recommended by this Department as no facilities exist for the emptying of receptacles other than the standard type of refuse bin which is unsuitable for receiving refuse from the lower end of a refuse chute.

The present method of storage and removal of industrial waste leaves much to be desired. It is anticipated that the provision made in the new Public Health Bye-Laws will assist in improving conditions at industrial premises.

As a result of fly-breeding found in rubbish which remained in a large number of dirty bins after removals had been effected, the Amenities Department agreed to embark upon a scheme of cleansing rubbish bins. It proposed to provide every householder initially with a clean bin, advising him that the responsibility for maintaining it in a sanitary condition will subsequently be his. This scheme is now well under way.

SUPERVISION OF FOODSTUFFS.

The supervision of foods offered for sale to the public is controlled in the following ways:-

- (a) By ensuring a high standard in the structure and equipment in all premises in which the manufacture, preparation or handling of food takes place, either through licensing or serving of notices.
- (b) By controlling the manner in which food establishments are operated after the premises and equipment have been approved. Particular attention is paid to the protection and storage of open foods, cleanliness of food handlers, washing up methods and general cleanliness of the premises.
- (c) By periodic sampling for analysis of foods such as dairy produce, meat products, aerated waters and fruit cordials to ensure that they conform to the standards laid down in the Bye-Laws. The City's milk supplies are sampled regularly and submitted for bacteriological and chemical tests.
- (d) By the condemnation and destruction of foodstuffs found unfit for human consumption.

MUNICIPAL WATER SUPPLY.

Weekly samples of the Municipal water supply and Swimming Bath waters have been submitted for bacteriological examination. The analyst's results have revealed that a high standard of purity has been maintained.

PEST CONTROL.

This work is carried out by a section working under the direction of a European Health Inspector and has been confined to:-

- (a) The control of mosquito breeding, particularly Anopheles mosquitoes in the streams and water courses within the City boundaries. Control measures have been directed against mosquito larvae by the spraying of oil on the surface of the water. Quick-spreading oil was used primarily in areas which were not easily accessible and isolated pools. No larvae of the Malaria Vectors Anopheles Gambiæ and Anopheles Funestus were identified in the Municipal Area.
- (b) The treatment of streams with copper sulphate to destroy Bilharzia snails. In an effort to reduce the snail population and abolish the feeding grounds of the snail, clearing of vegetation and grass from the banks and sides of the streams has been commenced and at the 30th June, 1958, good progress had been made.
- (c) The spraying of insecticides to reduce the fly population and number of other insect pests to a minimum. This work has been confined to spraying the Municipal refuse vehicles once a week during the Summer Season. As a result of a plague of flies in the houses near the Municipal refuse tip, this Department sprayed a number of these houses with a residual insecticide with satisfactory results.

NATIVE URBAN AREAS.

The Harari Township and Hostel areas are patrolled by five trained African Health Aids who are responsible to a European Health Inspector stationed in the township. The work of the Health Aids consists mainly of routine inspections of houses for vermin and dirty conditions, searching the area for fly-breeding and mosquito-breeding, inspection of latrines and ablution blocks and reporting choked drains. During the year this Department has been successful in achieving a much improved method of deverminising rooms in the township, the clearing of blocked drains has been speeded up, and additional bins have been obtained for the storage of refuse. A

request has been made recently for additional sanitary fæilities at the African Beer Gardens. As a result of pressure from this Department, dilapidated tank huts which were being uscd as rubbish dumps arc now being demolished and derelict ear bodies which were bcing uscd for the same purpose arc being removed.

Mabvuku African Township is visited weekly by a Health Inspector who deals with all matters rclating to environmental hygicnc. Insanitary conditions arising from the continual overfllowing of septic tanks and soakaways in this township has made it necessary to disconnect the waste water fittings from the septic tanks. The present disposal of waste water by surface drainage is far from satisfactory but will be unavoidable until a sewerage scheme has been installed.

The following are the records of the inspections carried out by the Health Inspectorate staff, nuisances dealt with, samples taken, foodstuffs condemned and prosecutions instituted during the year under review:-

INSPECTIONS CARRIED OUT BY DISTRICT HEALTH INSPECTORS.

Abattoirs, Hides and Skins	38
Aerated Water and Ice Factories	192
Bakries, Sweet Factories	484
Barbers and Hairdressers	701
Butchries	1,501
Brickfields, Quarries	151
Dairies, Milk Depots and Ice Crcam Factories	556
Factories (Other)	2,433
Fish Mongers and Fish Fryers	1,084
Food Dclivery Vchielcs Hawkers	1,663
Food Stalls and Street Food Vndors	1,668
Fruit and Vegctable Dealcrs	1,814
General Dealers	4,727
Hotels and Boarding Houses	657
Keeping of Animals	321
Laundries, Dry Cleaners and Depots	464
Markets and Market Gardens	558
Native Eating Houses	1,056
Tea Rooms and Restaurants	1,426
Sandwich, Cake and Sweet Shops	853
Dwellings and Native Quarters	12,194
Miscellaneous	4,510
Night and Early Morning Inspections	299
Infectious Diseases	209
Pest Control	842
TOTAL NUMBER OF INSPECTIONS:	40,401

BUILDING PLANS.

Number Inspected	1,915
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NUISANCES.

Absence of sanitary accommodation	276
Dampness	219
Demolitions	136
Disinfestations	1,467
Lighting and Ventilation	2,420
Overcrowding	1,757
Painting and Cleaning	1,065
Repairs to drainage	546
Repairs (General)	1,342
Closets and Urinals	2,306
Drainage	930
Flies	502
Manure	178
Mosquitoes	495
Refuse	2,699
Septic Tanks	344
Smoke	144
Waste Water	1,232
Vacant stands overgrown	289
Unspecified	2,619
Food Protection Contraventions	641
Complaints dealt with	1,175
Interviews	2,194
Notices served: Statutory	2,238
Notices served: Others	5,611

MATTERS REFERRED TO OTHER DEPARTMENTS.

CITY ENGINEER:

Ungraded Service Lanes	3
Fly-breeding (Outfall Works)	2
Waste Water	3
Storm water drains	<u>1</u>
	<u>TOTAL</u>
	9
	<u><u>=====</u></u>

CITY ELECTRICAL ENGINEER:

Overgrown Stand	<u>TOTAL</u>	<u>1</u>
	<u><u>=====</u></u>	

NATIVE ADMINISTRATION DEPARTMENT:

Native families on premises	3
Fly-breeding	1
Choked Drain	<u>1</u>
	<u><u>TOTAL:</u></u>
	5
	<u><u>=====</u></u>

CITY VALUATOR & ESTATES MANAGER:

Insecure Fence	1
Dirty Stand	<u>1</u>
	<u><u>TOTAL</u></u>
	2
	<u><u>=====</u></u>

CITY ARCHITECT:

Unauthorised Structures	2
Dangerous Structures	<u>1</u>
	<u><u>TOTAL</u></u>
	3
	<u><u>=====</u></u>

AMENITIES DEPARTMENT:

Dirty Service Lanes	9
Dirty Footpaths	1
Dirty Stormwater Drains	2
Overgrown Commonage	2
Non-removal of Refuse	<u>2</u>
	<u><u>TOTAL</u></u>
	16
	<u><u>=====</u></u>

INSPECTIONS MADE IN CONNECTION WITH APPLICATIONS FOR LICENCES AND REGISTRATION CERTIFICATES.

Aerated Water Factories	23
Auctioneers	10
Bakeries	58
Bakers Sale Shops	36
Bars (Liquor Licence)	26
Bottle Stores (Wholesale)	10
Bottle Stores (Retail)	48
Butcheries	268
Clubs (Liquor Licence)	31
Food Stalls and Street Food Vendors	131
Fish Mongers and Fryers	212
Fruit and Vegetable Dealers	428
General Dealers	830
Hairdressers	217
Hawkers	<u>90</u>
	<u><u>=====</u></u>

Carried Forward: 2,418

INSPECTIONS MADE IN CONNECTION WITH APPLICATIONS FOR
LICENCES AND REGISTRATION CERTIFICATES. (Continued)

	Carried Forward:	2,418
Private Hotels, Boarding Houses and Hotels		149
Laundries and Dry Cleaners and Depots		85
Native Eating Houses		99
Tea Rooms and Restaurants		262
Sweet Factories		18
Wholesalers		214
Dairies		16
	<u>TOTAL NUMBER OF INSPECTIONS</u>	<u>3,261</u>

DETAILS OF IMPROVEMENTS REQUIRED IN LICENSED PREMISES.

Ablution Facilities, Baths	51
Ceilings	25
Change Rooms, Lockers	77
Counters, Tables, Shelves	104
Cross Ventilation	43
Drainage	26
Equipment, Instruments	25
Fans, Mechanical Ventilation	56
Food Protection	67
Floors	52
Lighting	28
Sanitary Accommodation	24
Storage Facilities	29
Utensils, Vehicles	13
Walls	89
Wash-Hand Basins, Sinks	106
Water, Hot and Cold	71
Yards	25
Unspecified	66
Complaints dealt with	5
Notices served: Statutory	-
Others	46
Interviews	413

/LEGAL PROCEEDINGS.

LEGAL PROCEEDINGS.

<u>Public Health Act.</u>	<u>Total No. of Prosecutions</u>	<u>Court Order</u>	<u>Cases Withdrawn</u>	<u>Fines.</u>
General Insanitary conditions)	11	4	7	£2
Waste Water	3	-	3	-
Overcrowding	1	-	1	-
Insanitary Native Qtrs.	5	1	4	-
Dirty Yards	2	-	2	-
Insanitary Street) Food Vendors Vehicle)	1	-	-	£1
Choked Drains	3	-	3	-
Accumulation of old) Car Bodies)	1	-	1	-
Burning of Saw-dust	1	-	1	-
Foreign Body in Hamburger	1	-	-	£6
<u>Bye-Laws.</u>	<u>Total</u>	<u>Warned</u>	<u>Paid Admission of Guilt</u>	<u>With-Drawn</u>
Deficiency of Milk)				
Fats (See Cream))	5	-	5	-
Watering of Milk	1	-	-	1 £10 - -
Dirt in Milk	1	-	1	- £ 5 - -
Bakery delivery: boy)				
without overalls)	7	-	5	1 £16 - -
Street Food Vendors)				
Trading without)				
Authority)	8	2	6	- £15 - -
Unhygienic method)				
of handling bread)	1	-	1	- £ 3 - -
Keeping of Animals)				
without authority)	2	-	1	1 £ 3 - -

FOODSTUFFS CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION.

Baking Powder	231 Tins
Beer	300 Bottles
Biscuits	2 Cases
Cafe au Lait	3 Cartons
Chocolate	226 Slabs
Cheese	958 lbs.
Cheese	652 Spread
Cheese	162 Cases
Cheese	3,592 Packets
Cereals	105 Cartons
Cereal	230 Packets

/Cherries

FOODSTUFFS CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION (Cont'd.)

Cherries	802 Tins
Cake Mixtures	485 Packets
Cream (Fresh)	8 Pints
Cucumbers	3 Sacks
Carrots	40 Sacks
Currants	10 Packets
Crayfish (Cooked)	73 lbs.
Fish (Fresh)	4,759 lbs.
Fish (Dry)	1,323 Bales
Fish (Dry)	130 Cases
Fish (Dry)	3,488 lbs.
Fish (Tins)	87 Cartons
Fish (Smoked)	793 Cases
Fish (Tins)	121 Cases
Fish	9,859 Tins
Fish (Paste)	60 Jars
Fruit	184 Trays
Fruit	22 Crates
Fruit	262 Tins
Food (Assorted)	2,955 Tins
Food (Assorted)	2 Cases and Tins
Jams	10 Cartons
Jams	1,229 Tins
Lentils	127 lbs.
Meat	572 Tins
Mayonaise	1.116
Marzipan	20
Mushrooms (Dry)	1 Case
Melons	103
Matzos	52 Packets
Olive Oil	94 Bottles
Pickles	679
Soups	2,724 Tins
Tomato Puree	2,294 Tins
Tomatoes	87 Cases
Tomato Sauce	157 Bottles
Vegetables (Assorted)	2,571 Tins
Vegetables	65 Bags
Vermicilli	85 Packets
Walnuts	2,066 lbs.
Yeast	851 lbs.
Pepper	5 Tins.

SAMPLING OF FOODSTUFFS.

<u>Nature of Sample</u>	<u>Satisfactory</u>	<u>Below Standard</u>	<u>Total</u>
<u>Pasteurised Milk.</u>			
Phosphatase Test	141		141
Methylene Blue Test	91		91
Chemical Test	50	1	51
<u>Fresh Milk.</u>			
Coliform Test	231	186	417
Methylene Blue Test	387	30	417
Chemical Test	3		3
<u>Ice Cream.</u>			
Plate Count Test	30	26	56
Chemical Test	8		8
<u>Cream.</u>			
Chemical Test	15	2	17
<u>Butter.</u>			
Chemical Test	3		3
<u>Mince Meat.</u>			
Preservative Test	51	2	53
<u>Sausages and Polonies.</u>			
Preservative Test	45	2	47
<u>Frozen Lollies.</u>			
Bacteriological Test	1		1
<u>Mineral Waters.</u>			
	13		13
<u>Cordials and Syrups.</u>			
	4		4
<u>Cheese.</u>			
	6		6

FOOD PREPARING ESTABLISHMENTS.

<u>Swab Samples Taken.</u>	<u>Satisfactory.</u>	<u>Acid Only</u>	<u>B.Coli Present.</u>	<u>Total.</u>
Cups	9	13	3	25
Forks	11	11	3	25
Glasses	-	-	-	-

MUNICIPAL WATER SUPPLY AND SWIMMING BATH WATER.

Number of Samples Taken 306

BOREHOLE WATER SUPPLY.

Number of Samples Taken 24

AFRICAN

AFRICAN TOWNSHIPS INSPECTIONS.

Dwellings	73,594
Bathrooms	19,997
Latrines	37,718
Butchers	300
General Dealers	511
Hairdressers	280
Markets	<u>39</u>
<u>TOTAL NUMBER OF INSPECTIONS</u>	<u>132,439</u>
	<u>=====</u>

NUISANCES.

Damp Rooms	16
Disinfestation	657
Whitewashing	3
Flies	7
Mosquitoes	1
Slop water and refuse	28
Yards (dirty)	2,705
Bathrooms, Latrines (Choked)	1,042
Unspecified	1,994

